

ORIGINAL

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 193-20,497-0000

County Thomas

C NW Sec. 3 Twp. 10S Rge. 34 East
33W West
PTKCC

3960 Ft. North from Southeast Corner of Section

3960 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Note Kriss "C" Well # 1-3

Field Name Kistler

Producing Formation Lansing-Kansas City (Abandoned)

Elevations: Ground 3255 KB 3260

Total Depth 4851 LTD PBD N/A

Operator: License # 3295

Name: David W. Clothier

Address 225 N. Market

#333

City/State/Zip Wichita, KS 67202

Purchaser: N/A

Operator Contact Person: David W. Clothier

Phone (316) 267-9227

Contractor: Name: Murfin Drilling Company

License: 6033

Wellsite Geologist: David W. Clothier

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

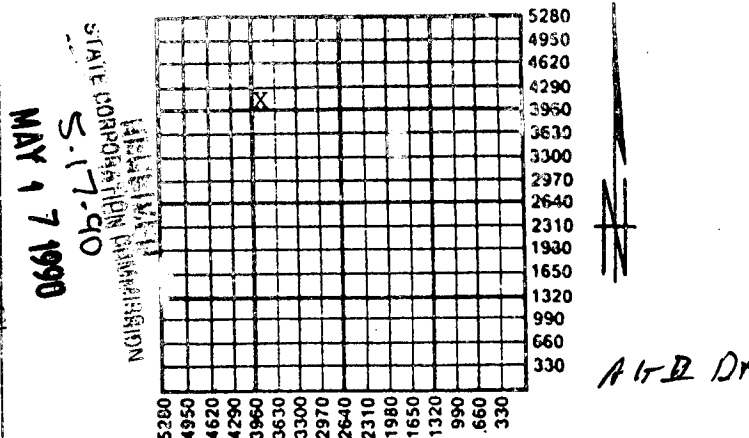
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

01-13-90 01-21-90 01-22-90
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 310' @ 313 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]

Title Jack E. Goss, Agent f/Operator Date 2-8-90

Subscribed and sworn to before me this 8th day of February,
19 90.

Notary Public [Signature]

Melanie Rau
Date Commission Expires 4-18-93

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SLD/Rep NGPA
 KGS Plug Other
(Specify)



SIDE TWO

Operator Name David W. Clothier Lease Name Kriss "C" Well # 1-3
 Sec. 3 Twp. 10S Rge. 33W East County Thomas
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST#1, 4314-50; 130' W; IFP 20-40# ISIP 1323#; FFP 50-71#; FSIP 1303# DST#2, 4354-4405, 5' M; IFP 20-20# ISIP 662#; FFP 30-30#; FSIP 304# DST#3, 4700-66; 30' OCM; IFP 30-30# ISIP 71#; FFP 40-40#; FSIP 50#	<p style="text-align: center;">Formation Description</p> <p><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr><td>Anhydrite</td><td>2780(+480)</td><td></td></tr> <tr><td>Heebner</td><td>4142(-882)</td><td></td></tr> <tr><td>LKC</td><td>4180(-920)</td><td></td></tr> <tr><td>BKC</td><td>4484(-1224)</td><td></td></tr> <tr><td>Marmaton</td><td>4497(-1237)</td><td></td></tr> <tr><td>Pawnee</td><td>4600(-1338)</td><td></td></tr> <tr><td>Fort Scott</td><td>4662(-1402)</td><td></td></tr> <tr><td>Cherokee</td><td>4692(-1432)</td><td></td></tr> <tr><td>Mississippi</td><td>4806(-1546)</td><td></td></tr> <tr><td>Total Depth</td><td>4851(-1591)</td><td></td></tr> </tbody> </table>	Name	Top	Bottom	Anhydrite	2780(+480)		Heebner	4142(-882)		LKC	4180(-920)		BKC	4484(-1224)		Marmaton	4497(-1237)		Pawnee	4600(-1338)		Fort Scott	4662(-1402)		Cherokee	4692(-1432)		Mississippi	4806(-1546)		Total Depth	4851(-1591)	
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CASING RECORD New Used
 Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	.12 1/4"	8-5/8"		314	60/40 Poz	200	2% gel, 3% cc

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____

Production Interval _____

INVOICE DATE

DIRECT BILLING INQUIRIES TO:	TERMS	REMIT TO:

PAGE	INVOICE NO.

AUTHORIZED BY

PURCH. ORDER REF. NO.

LEASE NAME AND NUMBER	STATE	COUNTY/PARISH	CITY	DISTRICT NAME	DISTR. NO.
JOB LOCATION/FIELD		MTA DISTRICT	DATE OF JOB	TYPE OF SERVICE	

PRODUCT NUMBER	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	EXTENDED PRICE
101 7 10	1.00	PLUG IN T. SWITCH, 120V, 15A	170.00		170.00
101 7 08	4.00	RELAY, 120V, 10A	24.00		96.00
101 7 07	114.00	PLUG IN T. SWITCH, 120V, 15A	1.00		114.00
101 7 06	7.00	DIODE	1.00		7.00
101 7 05	1.00	1/2" DIA. TUBULAR, 120V, 15A	2.00		2.00
101 7 04	1.00	1/2" DIA. TUBULAR, 120V, 15A	2.00		2.00
101 7 03	1.00	1/2" DIA. TUBULAR, 120V, 15A	2.00		2.00
101 7 02	1.00	1/2" DIA. TUBULAR, 120V, 15A	2.00		2.00
101 7 01	1.00	1/2" DIA. TUBULAR, 120V, 15A	2.00		2.00

ACCOUNT	
TAX EXEMPTION STATUS:	

PLY THIS INVOICE →

