

ORIGINAL

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

API NO. 15- 033-20889-0001
County Comanche
NE-NE-SW Sec. 16 Twp. 34S Rge. 20 X W

Operator: License # 3882

Name: Samuel Gary Jr. & Associates

Address 1670 Broadway, Suite 3300

City/State/Zip Denver, CO 80202

Purchaser: KOCH

Operator Contact Person: Tom Fertal

Phone (303) 831-4673

Contractor: Name: Pratt Well Service

License: 5893

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Samuel Gary Jr. & Associates

Well Name: Selzer 16-8

Comp. Date 3-19-94 Old Total Depth 7350'

~~XXX~~ CEMENT SQUEEZE
~~XXX~~ Deepening ~~XXX~~ Re-perf. Conv. to Inj/SWD
 Plug Back 5600' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-19-97

1-27-97

Date of START Date Reached TD Completion Date of WORKOVER

2310 Feet from (S) (circle one) Line of Section
2125 Feet from (E) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or (SW) (circle one)

Lease Name Selzer Well # 16-9

Field Name Schumacher North

Producing Formation Pawnee

Elevation: Ground 1752' KB 1765'

Total Depth 7550' PBDT 5600'

Amount of Surface Pipe Set and Cemented at 708' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 6487 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK JGH 6-4-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 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 geologist well report 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.

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 Thomas Fertal

Title Senior Geologist Date 5/27/97

Subscribed and sworn to before me this 27th day of May, 19 97.

Notary Public Judith D. Harmon

MY COMMISSION EXPIRES: January 30, 1999

Date Commission Expires _____

5-30-97

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

Operator Name Samuel Gary Jr & Associates Lease Name Selzer Well # 16-9

Sec. 16 Twp. 34S Rge. 20 East West
 County Comanche

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Elgin	3991'	-2226'
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Douglas	4133'	-2368'
List All E.Logs Run:		Lansing	4260'	-2495'
All logs were submitted with the original ACO-1		Swope	4693'	-2928'
		Marmaton	4804'	-3039'
		Pawnee	4890'	-3125'
		Osage	5476'	-3711'
		Viola	5929'	-4164'
		Simpson	6102'	-4337'
		Arbuckle	6263'	-4498'

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> 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
Conductor	30	20		42	redi-mix		
Surface	12 1/4	8 5/8	24	708	65/35, A	200 150	6%gel, 3%cc 2%gel
Production	7 7/8	5 1/2	15.5&17	7390	50/50, H	280	2%gel 15% salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	5620-22	H 50/50 poz	490	2%gel 5% salt 2%CC
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
0	OPEN HOLE		5000 gal 15% Hcl		7390-7550'
	CIBP	7350'			
2	6363-6312'	5948-5972' (4)	none		
4	CIBP 6230 & 5600	4905-4912'	1750 gal 15% Hcl		4905-4912'

TUBING RECORD	Size 2 7/8"	Set At 4974'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 1-27-97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil 5	Bbls.	Gas 15	Mcf	Water 1	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 4905-4912'
 Other (Specify) _____