

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

API NO. 15- 167-21,744 **ORIGINAL**
County Russell
SW - SW - NE - 7 Sec. 11S Twp. 15W Rge. 15W E/W
2970 Feet from S (circle one) Line of Section
2310 Feet from E (circle one) Line of Section

Operator: License # 5134

Name: Graham-Michaelis Corp.

Address P. O. Box 247

Wichita, KS 67201

City/State/Zip _____

Purchaser: Koch

Operator Contact Person: Jack L. Yinger

Phone (316) 264-8394

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry X Workover

 Oil SWD S1OW Temp. Abd.
 Gas X ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Graham-Michaelis Corp.

Elliott "C" #3

Comp. Date 2/12/82 Old Total Depth 3462'

X Deepening Re-perf. X Conv. to Inj/SWD
 Plug Back 3406' PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
X Other (SWD or Inj?) Docket No. E-26,764

REWORK: 11/16/94 11/17/94
~~Start~~ Date OF START Date Reached TD Completion Date OF WORKOVER
OF WORKOVER WORKOVER

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

Lease Name Elliott "C" Well # 3

Field Name Fairport Northwest

Producing Formation Toronto/Lansing

Elevation: Ground 1924' KB 1929'

Total Depth 3426' 3462' PBT 3406'

Amount of Surface Pipe Set and Cemented at 273'/175sx Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

* Bond log shows cement from 100' to 840'
If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK 9/4 11-9-95
(Data must be collected from the Reserve Pit)

Chloride content _____ Fluid volume _____ bbls

Decastering method _____

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 Jack L. Yinger

Title Jack L. Yinger, Vice President Date 11/25/94

Subscribed and sworn to before me this 25th day of November, 19 94.

Notary Public Aldine M. Johnson

Date Commission Expires march 19, 1997

Aldine M. Johnson
NOTARY PUBLIC
State of Kansas
MY COMM. EXPIRES 3-19-97

K.C.C. OFFICE USE ONLY	
F	Letter of Confidentiality Attached
C	Wireline Log Received
C	Geologist Report Received
Distribution	
<u> </u> KCC	<u> </u> SWD/Rep
<u> </u> KGS	<u> </u> Plug
Other _____ (Specify)	

RECEIVED STATE CORPORATION COMMISSION
DEC 28 1994
WICHITA, KS

Operator Name Graham-Michaelis Corp.

Lease Name Elliott "C"

Well # 3

15-167-21744-0001

Sec. 7 Twp. 11S Rge. 15W

East
 West

County Russell

ORIGINAL

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 Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)

Log Formation (Top), Depth and Datums Sample
Name Top Datum

List All E.Logs Run: CEMENT BOND

CASING RECORD <input type="checkbox"/> New <input 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
Surface		8-5/8"		273'		175	
Production		4-1/2"		3445'		125	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	630'	common	200	See attached letter to K.C.C. dated September 15, 1994.

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	
		3110 - 3112' & 3136 - 3351'		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3085'	3085'		
Date of First, Resumed Production, SWD or Inj. Pending K.C.C. Order		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval _____

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STATE CORPORATION COMMISSION
DEC 0 8 1994
CONSERVATION DIVISION
MICHIGAN, KANSAS