

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

Operator: License # 03553
Name: Citation Oil & Gas Corp.
Address 8223 Willow Place South
Suite 250
City/State/Zip Houston, TX 77070-5623
Purchaser: N/A
Operator Contact Person: Debra Harris
Phone (281) 469-9664
Contractor: Name: Klima Well Service
License: 7023
Wellsite Geologist: N/A

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: Citation Oil & Gas Corp.
Well Name: Wieland Unit #5-10
Comp. Date 10/22/85 Old Total Depth 3483'
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 3095 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-10,416
4-19-97 4-23-97

Date OF START OF WORKOVER _____ Date Reached TD _____ Completion Date of WORKOVER _____

API NO. 15- 051-24335-0001-
County Ellis
G/W2 - NE Sec. 01 Twp. 13S Rge. 16 ^E _W
4035 Feet from N (circle one) Line of Section
1980 Feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Wieland Unit Well # 5-10
Field Name Fairport
Producing Formation Injection - Topeka/LKC
Elevation: Ground 1903' KB 1908'
Total Depth 3483' PBDT 3095'
Amount of Surface Pipe Set and Cemented at 1804 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.

Drilling Fluid Management Plan REWORK 12-15-97
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid Volume _____ bbls
Dewatering method used 12-11-1997
Location of fluid disposal if hauled offsite: DEC 11 1997
Operator Name _____ CONSERVATION DIVISION
WICHITA, KS
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 Debra Harris Resubmitted
Title Regulatory Analyst Date 12/10/97
Subscribed and sworn to before me this 10th day of December,
19 97.
Notary Public Renee Harrell
Date Commission Expires 2/2/00



K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	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"/> NGPA
		<input type="checkbox"/> Other
		(Specify)

Operator Name Citation Oil & Gas Corp. Lease Name Wieland Unit Well # 5-10

Sec. 01 Twp. 13S Rge. 16 East West
 County Ellis

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.)

List All E.Logs Run:

No Change

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
No Change		

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	12-1/4"	8-5/8"	24#	1804'	Lite/Common	950	3% CaCl ₂ ; 7# Gils.; 2% gel
Production	7-7/8"	5-1/2"	15#	3481'	EA2	225	preceded by 500 gal mud sweep

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	N/A			
<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
4	2935' - 2972' (New) Topeka	2000 gals 15% NeFE; 62 BW	
		flush; 500 gals 15% NeFE	2935'-72'
	3000' - 3060' (Old) LKC - still active		
		CIBP set @	3095'

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	3084'	2985' & 2909'	
Date of First, Resumed Production, S/W or Inj. Resumed Injection 4/23/97			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf N/A	Water Bbls.	Gas-Oil Ratio	Gravity
Injection rate = 1160 BWPD @700#					

Disposition of Gas: N/A METHOD OF COMPLETION

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled

Other (Specify)

Production Interval Topeka/LKC Injection