

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

API NO. 15- 051-24,297⁰⁰⁰ **ORIGINAL**

County Ellis

E/2 - NE - NE - NE Sec. 13 Twp. 13S Rge. 16 W

Operator: License # 03553

125 Feet from S/W (circle one) Line of Section

Name: Citation Oil & Gas Corp.

125 Feet from E/W (circle one) Line of Section

Address 8223 Willow Place South Ste 250

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

City/State/Zip Houston, Texas 77070

Lease Name Wieland Unit Well # 4-13

Purchaser: _____

Field Name Fairport

Operator Contact Person: Sharon Ward

~~REPRESSURED~~
Producing Formation Topeka/Toronto/LKC

Phone (713) 469-9664

Elevation: Ground 1865 KB 1870

Contractor: Name: N/A

Total Depth 3400 PBDT 3108

License: _____

Amount of Surface Pipe Set and Cemented at 1802 Feet

Wellsite Geologist: N/A

Multiple Stage Cementing Collar Used? Yes No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan REWORK 8/7 6-14-96 N/A
(Data must be collected from the Reserve Pit)

Operator: Tenneco Oil Company

Chloride content _____ ppm Fluid volume _____ bbl

Well Name: Wieland Unit 4-13

Dewatering method used _____

Comp. Date 9-16-85 Old Total Depth 3400

Location of fluid disposal if hauled offsite: _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBDT
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) Docket No. E-10416

Operator Name _____

Lease Name _____ License No. _____

9-10-85 9-15-85 9-16-85

Spud Date 5-3-96 START OF WORKOVER
Date Reached TD 5-3-96
Completion Date 5-3-96 OF WORKOVER

Quarter _____ Sec. _____ Twp. _____ S Rge. _____ E

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Sharon Ward

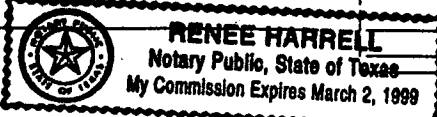
Title Regulatory Administrator Date 6-7-96

Subscribed and sworn to before me this 7th day of June 19 96.

Notary Public Renee Harrell

Date Commission Expires 3-299

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"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		



Operator Name Citation Oil & Gas Corp.

Lease Name Wieland Unit

Well # 4-13

ORIGINAL

Sec. 1 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shale, Shell & lime	0	770
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shale & lime	770	974
List All E.Logs Run:		Lime & shale	974	1006
		Lime, shale, red bed	1006	1573
		Lime & shale	1573	3400

CASING RECORD <input checked="" 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 1/2	8 5/8	24	1802	Lite	600 sx	3/4%CFR2, 1/#gl 3%cc, 2%gel
					Common	350 sx	1/4# cello/sx
Production	7 7/8	5 1/2	15.5	3399	surefill	195 sx	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
<input checked="" type="checkbox"/> Perforate					
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
4 spf	2919-2948		15% FE HCl	2919-2948
4 spf	2976-3053		1600 gal 15% MCA	2976-3053

TUBING RECORD	Size 2 3/8	Set At 3089.79'	Packer At 2863.78' 2969.18'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
5-3-96	Injecting			
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 Injection: 2919-3053