

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

API NO. 15- -051-249450090

County Ellis

ORIGINAL

SE - NE - NW Sec. 21 Twp. 11 Rge. 16 X W

Operator: License # 6194

4,290 Feet from SW (circle one) Line of Section

Name: ESP Development Inc.

2,970 Feet from SW (circle one) Line of Section

Address 17746 177th Blvd

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

City/State/Zip Paradise, Ks 67658

Lease Name Chrisler "B" Well # 1

Purchaser: _____

Field Name wildcat

Operator Contact Person: Lewis Eulert

Producing Formation _____

Phone (913) 998-4413

Elevation: Ground 1796' Ks 1774'

Contractor: Name: Shields Drilling Co. Inc.

Total Depth 3360' PSTD _____

License: #5184

Amount of Surface Pipe Set and Cemented at 223' Feet

Wellsite Geologist: Ron Nelson

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW SIGV
 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 Part A, 3-6-98 U.C.
(Data must be collected from the Reservoir Pit)

Operator: _____

Chloride content 59,000 ppm Fluid volume 320 bbls

Well Name: _____

Dewatering method used N/A

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

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

Operator Name _____

Lease Name _____ License No. _____

11-22-96 11-29-96
Spud Date Date Reached TD Completion Date

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, 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 Lewis Eulert

Title President Date 1-9-97

Subscribed and sworn to before me this 9th day of January 1997.

Notary Public Donna Super

Date Commission Expires 2/9/97



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep MGPA
 KGS Plug Other
(Specify)

Rec'd 1-13-97

Operator Name ESP Development Inc. Lease Name Chrisler 'B' Well # 1

Sec. 21 Twp. 11 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:

Name	Top	Datum
Top Anhydrite	937	+837
Base Anhydrite	973	+801
Topeka	2709	-935
Heebner	2951	-1177
Toronto	2975	-1201
LKC	3001	-1227
BKC	3238	-1464
Basal Penn. Sand	3301	-1527
Arbuckle	not reached	

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 $\frac{1}{4}$	8 5/8	20#	223'	60/40 poz	150	3% cc. 2% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Plug D/A <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone		Common	160	60/40 poz-6% gel - 40# floseal

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.	<u>D+A</u>				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 <u>N-A</u> Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas: Vented Sold U. on Lease (If vented, submit A) METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____

15-051-24945-0000

ORIGINAL

DRILL STEM TESTS

No.	Interval	IFP/Time	ISIP/Time	FFP/Time	FSIP/Time	INH-FMH	RECOVERY
1	3062- 3094 LKC 'E-F'	45" 30-41	45" 902	45" 71-81	45" 972	1518 1458	80' GIP 10' HOCM 27% O, 37% W, 70% M 20' SOC M, 79% O, 37% W, 90% M, 40' W M 40 W 60 M

15-051-24945-0000

ALLIED CEMENTING CO., INC.

5664

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>11-23-96</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>4:30 am</u>	JOB START <u>10:15</u>	JOB FINISH <u>10:30 pm</u>
LEASE <u>Chrisler</u>	WELL# <u>B-1</u>	LOCATION <u>Fairport ZN 3W 1N 2W S8</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	

OLD OR NEW (Circle one)

CONTRACTOR Shields Daley

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 226

CASING SIZE 8 5/8 DEPTH 223

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 10-15

PERFS. _____

OWNER _____

CEMENT

AMOUNT ORDERED 150 6 3/4 3 3/8 cc. 2 1/2 gal

COMMON	<u>90</u>	@	<u>6.10</u>	<u>549.00</u>
POZMIX	<u>60</u>	@	<u>3.15</u>	<u>189.00</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>157.50</u>
MILEAGE <u>29m</u>			<u>04</u>	<u>174.00</u>
TOTAL				<u>1238.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Ma G

153 HELPER Paul

BULK TRUCK DRIVER Jason

282 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

REMARKS:

Cement circulated ✓

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>445.00</u>
EXTRA FOOTAGE		@		
MILEAGE <u>29m</u>		@	<u>285</u>	<u>82.65</u>
PLUG <u>8 5/8 wooden</u>		@		<u>45.00</u>
		@		
		@		
TOTAL				<u>572.65</u>

CHARGE TO: ESP Development Inc

STREET RR #1 Box 18

CITY Paradise STATE Kansas ZIP 67658

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL _____			

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Burton Beery

ALLIED CEMENTING CO., INC.

5239

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: R

DATE <u>11-29-96</u>	SEC. <u>21</u>	TWP <u>11</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION <u>10:45pm</u>	JOB START	JOB FINISH <u>1:30 AM</u>
LEASE <u>Christer</u>	WELL # <u>B-1</u>	LOCATION <u>Fairport 2N 3W 1N 4W</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	

OLD OR NEW (Circle one)

CONTRACTOR Shields Drlg

TYPE OF JOB plug

HOLE SIZE 17 3/4 T.D. 3360

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER _____

CEMENT

AMOUNT ORDERED 160⁶⁰ 46 6% gel
1/4 lb floused

COMMON	<u>96</u>	@	<u>6.10</u>	<u>585.60</u>
POZMIX	<u>6.4</u>	@	<u>3.15</u>	<u>201.60</u>
GEL	<u>8</u>	@	<u>9.50</u>	<u>76.00</u>
CHLORIDE		@		
<u>Flo Seal</u>	<u>40#</u>	@	<u>1.15</u>	<u>46.00</u>
		@		
		@		
		@		
		@		
HANDLING		@	<u>1.05</u>	<u>168.00</u>
MILEAGE <u>29m</u>			<u>.24</u>	<u>185.60</u>
TOTAL				<u>1262.80</u>

EQUIPMENT

153 Drive

PUMP TRUCK # _____ CEMENTER Mash

HELPER _____

BULK TRUCK # _____ DRIVER _____

BULK TRUCK # 213 DRIVER Jason

REMARKS:

25 sk @ 975 ✓

100 @ 500

10 @ 40 w/c plug

10 mouse hole

15 Rat hole

SERVICE

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE	_____		<u>445.00</u>
EXTRA FOOTAGE	_____	@	
MILEAGE <u>29m</u>	_____	@	<u>285</u>
PLUG <u>Dry Hole</u>	_____	@	<u>23.00</u>
		@	
		@	
TOTAL <u>550.65</u>			

CHARGE TO: FSP Development Inc.

STREET 17746 177th Blvd

CITY Paradise STATE Ks ZIP 67658

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE _____