

ORIGINAL

SIDE ONE

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

Operator's License # 3715

Name: S.B. Oil

Address 3204 Willow

City/State/Zip Hays, KS 67601

Purchaser: _____

Operator Contact Person: Ed Stehno

Phone (913) 628-4547

Contractor's Name: Vonfeldt Drilling Company

License: 9431

Wellsite Geologist: _____

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD Temp. Abd.
- Gas Inj Delayed Comp.
- Dry Other (Core, Water Supply, etc.)

If OWD: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

- Mud Rotary Air Rotary Cable

11/16/91 11/18/91

Spud Date Date Reached TD Completion Date

API NO. 15- 051-24,770-00-00

County Ellis ✓

SW SE NE Sec. 28 Twp. 13S Rge. 17 East West

2970' ✓ Ft. North from Southeast Corner of Section

990' ✓ Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

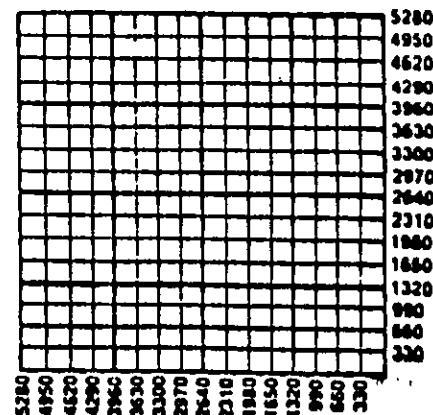
Lease Name Dreiling " Well # 2

Field Name Unnamed

Producing Formation _____

Elevation: Ground 1955' KB _____

Total Depth 1560' PBTD _____



Amount of Surface Pipe Set and Cemented at 259' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 [Handwritten Signature]
Title Operator Date 12-3-91

Subscribed and sworn to before me this 3rd day of December, 1991.

Notary Public Linda K. Bixenman
Date Commission Expires 6-21-95

NOTARY PUBLIC - State of Kansas
LINDA K. BIXENMAN
My Appt. Exp. 6/21/95

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

Distribution

KCC SWD/Rep NGA

KGS Plug Other

(Specify)

DEC 06 1991
12-6-91
Form ACO-1 (7-89)

Operator Name _____ Lease Name _____ Well # _____
 Sec. _____ Twp. _____ Rge. _____ East West
 County _____

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 sheets 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.)

Formation Description
 Log Sample
 Name _____ Top _____ Bottom _____
*Lost circulation & plugged
 AT 1560 ft.*

CASING RECORD New 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	19	259	60/40 Poz	166	2% Gel 3% CC

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift 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 Perforation Dually Completed Commingled
 Other (Specify) _____

Production Inter _____

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-5861, Great Bend, Kansas

ORIGINAL

Phone Plainville 913-434-2812
 Phone Ness City 913-798-3843

ALLIED CEMENTING CO., INC.

2403

Home Office P. O. Box 31

Russell, Kansas 67665

New

15-051-24770-00-00

Date	11-16-91	Sec.	28	fwp.	13s	Range	17w	Called Out	8:30 AM	On Location	9:30 AM	Job Start	11:30 AM	Finish	12:00 AM
Lease	DRILLING	Well No. #	2	Location			I-70 VICTORIA EXIT 1 1/2 N			County	Ellis	State	KANSAS		

Contractor	VONFELDT DRAG RIG #1			
Type Job	SURFACE			
Hole Size	12 1/4	T.D.	265'	
Csg.	8 5/8	19 #	Depth	259
Tbg. Size		Depth		
Drill Pipe		Depth		
Tool		Depth		
Cement Left in Csg.	15'	Shoe Joint		
Press Max.		Minimum		
Meas Line		Displace	✓ 15 3/4 BBL	
Perf.				

Owner 3 1/4 W 1/4 S INTG
 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 listed.

Charge To S. B OIL
 Street
 City State
 The above was done to satisfaction and supervision of owner agent or contractor.

Purchase Order No.
 x Darryl Krueger

CEMENT

Amount Ordered 160 SK 6 3/4 29 3/4 38 CC

Consisting of	
Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	

Handling 1.00 PER SK
 Mileage .04 PER TON MILE

Sales Tax	
Sub Total	
Total	

Floating Equipment

EQUIPMENT

Pumptrk #177	No.	Cementer	<i>Shane</i>
		Helper	<i>Will</i>
Pumptrk #160	No.	Cementer	
		Helper	
Bulktrk #160		Driver	<i>Paul</i>
Bulktrk		Driver	

DEPTH of Job	
Reference:	PUMP TRUCK CHRG.
	2.00 PER MILE
1-8 5/8	WOODEN WIPER PLUG
	Sub Total
	Tax
	Total

Remarks:
 CEMENT CIRCULATED
Shane

RECEIVED
 STATE OF KANSAS
 DEC 06 1991

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-3861, Great Bend, Kansas

Phone Plainville 913-434-2812
 Phone Ness City 913-798-3843

ORIGINAL
ALLIED CEMENTING CO., INC.

2404

Home Office P. O. Box 31

Russell, Kansas 67665

15-051-24770-00-00 *ADD-NITE 11-18-*

Date <i>11-17-91</i>	Sec. <i>28</i>	Twp. <i>13 S</i>	Range <i>17 W</i>	Called Out <i>9:15 PM</i>	On Location <i>10:15 PM</i>	Job Start <i>10:30 PM</i>	Finish <i>2:30 PM</i>
Less <i>DREILING</i>		Well No. <i>#2</i>		Location <i>I-70 Victoria Exit 1/2 N</i>		County <i>Ellis</i>	State <i>KANSAS</i>
Contractor <i>VONFELDT DRLG RIG #1</i>				Owner <i>3 1/4 W 1/4 S T10</i>			
Type Job <i>LOSS CIRCULATION & ROTARY PLUG</i>				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 listed.			
Hole Size <i>7 7/8</i>		T.D. <i>1560'</i>					
Csg. <i>8 5/8 SURFACE</i>		Depth <i>259</i>					
Tbg. Size		Depth					
Drill Pipe		Depth					
Tool		Depth					
Cement Left in Csg.		Shoe Joint					
Press Max.		Minimum <input checked="" type="checkbox"/>					
Meas Line		Displace					
Perf.							

EQUIPMENT

Pumptrk # <i>177</i>	No.	Cementer	<i>Ally</i>
		Helper	<i>Mark</i>
Pumptrk # <i>160</i>	No.	Cementer	
		Helper	
Bulktrk # <i>160</i>		Driver	<i>Paul</i>
Bulktrk # <i>160</i>		Driver	<i>Mark</i>

DEPTH of Job

Reference:	<i>PUMP TRUCK CHRG</i>	
	<i>2.00/PER MILE</i>	
		Sub Total
		Tax
		Total

Remarks: *100 SK @ 1555'*
100 SK @ 1225'
155 SK @ 860' & CEMENT CIRC. TO SURFACE
10 SK @ MOOSE HOLE
15 SK @ RAT HOLE
20 SK TO CAP OFF SURFACE PIPE

Charge To <i>S. B. Oil</i>	Purchase Order No.
Street	<i>X David Kinsler</i>
City	<i>200 SK 60% 8% Gel 1/2 # F10-5001 PER SK</i>
The above was done to satisfaction and supervision of owner agent or contractor.	
Amount Ordered <i>100 SK 60% 1/2 # F10-5001 PER SK</i>	
Consisting of <i>3% CC</i>	
Common	<i>3% CC 10% GILBERT</i>
Poz. Mix	
Gel.	
Chloride	
Quickset	
Sales Tax	
Handling @ <i>Per SK</i>	
Mileage @ <i>Per Ton Mile</i>	
	Sub Total
	Total

Floating Equipment

RECEIVED
 STATE CIRCULATION COMMISSION

DEC 06 1991