

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

SEP 19

CONFIDENTIAL

171-20,413 0001

API NO. 15- _____

County Scott

NE - NE - NE - Sec. 35 Twp. 18S Rge. 32 X E

4950 Feet from S/M (circle one) Line of Section

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

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

Lease Name Grube 'B' Well # 1

Field Name Wildcat

Producing Formation Altamont 'B'

Elevation: Ground 2966 KB 2971

Total Depth 4650 PBDT _____

Amount of Surface Pipe Set and Cemented at _____ 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 cnt.

Drilling Fluid Management Plan BLT 2 OR D&B OHW
(Data must be collected from the Reserve Pit) 10-19-92

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used RELEASED

Location of fluid disposal if hauled offsite:

OCT 20 1993

Operator Name _____

Lease Name FROM CONFIDENTIAL License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 3988

Name: Slawson Exploration Co., Inc.

Address 621 N. Robinson, #490

City/State/Zip Okla. City, OK 73102-6217

Purchaser: Inland Crude Purchasing

Operator Contact Person: Steve Slawson

Phone (800) 333-5493

Contractor: Name: L.D. Drilling

License: 6039

Wellsite Geologist: Kim Shoemaker

Designate Type of Completion
____ New Well ____ Re-Entry ____ X Workover

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

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

Operator: Slawson Exploration Co., Inc.

Well Name: 621 N. Robinson, Suite 490

Comp. Date 9/28/90 Old Total Depth 4650

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD
X Plug Back 4370 PBDT
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
____ Other (SWD or Inj?) ____ Docket No. _____

08/28/90 7/31/92
Spud Date Date Reached TD Completion Date

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 [Signature]

Title Division Operations Mgr. Date 9/11/92

Subscribed and sworn to before me this 11th day of September, 19 92.

Notary Public [Signature]

Date Commission Expires September 13, 1994

RECEIVED STATE CORPORATION COMMISSION
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
SEP 14 1992
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas
DISTRIBUTION
 KCC SWD/Rep Other
 KGS Plug Other
(Specify)

Operator Name Slawson Exploration Co., Inc. Lease Name Grube 'B' Well # 1
 Sec. 35 Twp. 18S Rge. 32 East West County Scott

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

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

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"	23#	365'	60/40 Poz	300	2% gel, 3% CC 1/4# sx floccle
Production	7-7/8"	4-1/2"	10.5#	4649'	50/50 Poz	185	CFR 3/4# floccle
DV Tool		top stage		2320	Halco Lite	450	1/4#/sx floccle

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				
<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	4355'-4358' CIBP @ 4370'	None	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
	Pulled to plug			
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)			
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 0 Mcf	Water 48 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 _____

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

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

SEP 11

ALLIED CEMENTING CO., INC.

3272

Home Office P. O. Box 31

Russell, Kansas 67665

Old

Date	8-28-92	Sec.	35	Twp.	185	Range	32W	Called Out	07:00	On Location	08:30	Job Start	1:25	Finish	1:50
Lease	Sec. 18 'R'	Well No.	1	Location	City	5E 25		County	Scott	State	Ks.				

Contractor		
Type Job	Old hole plug	
Hole Size	T.D.	
Csg. 4 1/2	Depth 4370	
Tbg. Size	Depth	
Drill Pipe	Depth	
Tool	Depth	
Cement Left in Csg.	Shoe Joint	
Press Max. 2000	Minimum	
Meas Line	Displace	
Perf.		

Owner	Same	
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	Stawson Expl. Co. Inc.	
Street	621 N. Robinson Suite 490	
City	OKla. City	State OK. 73102
The above was done to satisfaction and supervision of owner agent or contractor.		
Purchase Order No.		

RELEASED

OCT 20 1993

FROM CONFIDENTIAL

EQUIPMENT

No.	Cementor	Gary B.I.P.
Pumptrk 158	Helper	
No.	Cementor	Keith
Pumptrk	Helper	
	Driver	
Bulktrk 199	Driver	

CEMENT			
Amount Ordered	300	6 1/4	6 1/2 Gel
Consisting of			
Common	180	5.50	990.00
Poz. Mix	120	2.50	300.00
Gel.	18	6.75	121.50
Chloride			
Quickset			
Hulls - 4		15.00	60.00
Handling	300	1.00	300.00
Mileage	52		624.00
			Sub Total
			Total 2395.50

DEPTH of Job		
Reference:	Pump Truck	360.00
	52 Mileage	104.00
		Sub Total
		Total 464.00

Remarks: Mix 15xx in 8 5/8. 500 psi.
 Mix 400* hulls and 285xx down 4 1/2
 Max press 2000*. Bled off.

Thank you
 Stan L. Howard

Floating Equipment	TOTAL \$ 2859.50
	TAX 140.12
	2999.62
DISCOUNT RECEIVED 9.23	
SEP. 24 1992 9.69	

CONSERVATION DIVISION
 Wichita, Kansas