

Plugged 12-4-94

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

Rec'd
12-27-94

API NO. 15- 169-20,314-000 ORIGINAL

County Saline
-NW - NW - NW Sec. 12 Twp. 15 Rge. 1 ^E_W

330 Feet from N (circle one) Line of Section
330 Feet from W (circle one) Line of Section

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

Lease Name Johnson "E" Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 1284 KB 1289

Total Depth 2647 PBDT _____

Amount of Surface Pipe Set and Cemented at 216 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 ALT 1 12-28-95 SK
(Data must be collected from the Reserve Pit)

Chloride content 1000 ppm Fluid volume 250 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 5120

Name: Range Oil Company, Inc.

Address 125 N. Market, Suite 1120

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: John M. Washburn

Phone (316) 265-6231

Contractor: Name: Glaves Drilling Co., Inc.

License: 30864

Wellsite Geologist: Tim Lauer

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/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

11-28-94 12-4-94 12-4-94
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 John M Washburn

Title Vice-President Date 12/27/94

Subscribed and sworn to before me this 27th day of December, 1994.

Notary Public
BARBARA J. SCHMIDT
Date Commission _____
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-13-97

Barbara J. Schmidt
7-13-97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name Range Oil Company, Inc. Lease Name Johnson "E" Well # 1
 Sec. 12 Twp. 15 Rge. 1 East West
 County Saline

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 Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	1923	- 634
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Kansas City	2278	-989
		Burgess zone	2586	-1297
		Mississippi Dolomite	2597	-1308
		Rotary Total Depth	2647	-1358

List All E.Logs Run: None

CASING RECORD <input type="checkbox"/> New <input checked="" 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	25	216	Common	150	3% CaCl

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	Production Interval	
Date of First, Resumed Production, SWD or Inj.					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 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) _____

UNITED CEMENTING & ACID CO., INC.

REMIT TO
BOX 712
EL DORADO, KANSAS 67032

~~FIG. 3~~ TICKET NO. 1707
INVOICE NO. 963
DATE 12-12-94

(316) 321-4680

COPY

Range Oil Co., Inc.
1120 KSB&T Bldg.
125 North Market
Wichita KS 67202

ORIGINAL

FULLY INSURED

P.O. #

DATE OF JOB	COUNTY	STATE	LEASE	WELL NO.
12-04-94	Saline	KS	Johnson	E-1
SIZE CASING	DEPTH OF WELL	DEPTH OF JOB	PLUG DEPTH	PRESSURE
		265'		
Plugging. 70 sax 60-40 Poz Mix @ 4.10 per sax 350.00 2 sax Gel @ 8.25 per sax 287.00 Bulk charge @ .82 x 72 sax 16.50 Drayage @ 3.50-T x .65 x 74 mi. 22.82 168.25				
SALES TAX				\$ 52.79
TOTAL				\$ 947.48

TERMS: NET 30 DAYS FROM INVOICE DATE
PLEASE PAY FROM THIS INVOICE

MAX. PRESS. _____ SIZE PIPE _____

PLUG DEPTH _____ PKER DEPTH _____

PLUG USED _____ TIME FINISHED _____

REMARKS: 70 sax 60-40 Pozmix

25 sax 60

10 sax PH

new well

EQUIPMENT USED

NAME E. Ames UNIT NO. _____

NAME Chet UNIT NO. _____

Raymond
CEMENTER OR TREATER

OWNER'S REP.



**CONSOLIDATED
INDUSTRIAL
SERVICES**
AN INFINITY COMPANY

211 W. 14th. P.O. Box 884 Chanute, KS 66720 • 316/431-9210 • 1-800/467-8676

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INVOICE DATE	INVOICE NO.
11/30/94	00144585

S
O
L
D

T
O

7204
Range Oil
Rt. 3 Box 42
Winfield, Ks 67156

ORIGINAL

TERMS: Net 30 Days
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.			EXTENDED PRICE
5204		20	JOHNSON # E-1	11/29/1994	2857			
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS		
5401			SURFACE PIPE	1.0000	380.0000	EA		38
1118			PREMIUM GEL	3.0000	6.9000	SK		2
1102			CALCIUM CHLORIDE (80#)	5.0000	21.0000	SK		10
1107			CELLOFLAKES	1.0000	30.0000	SK		3
4407			8 5/8" RUBBER PLUG	1.0000	69.0000	EA		6
4111			CENTRALIZER 8 5/8"	1.0000	40.0000	EA		4
5404			CEMENT STAND-BY RATE	4.0000	60.0000	HR		24
5406			MILEAGE CHARGE	1.0000	160.0000	EA		16
1104			PORTLAND CEMENT	150.0000	7.0000	SK		1050
5407			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	450.0000	EA		450
GROSS INVOICE				2544.70	TAX		84.14	

RECEIVED
DEC 14 1994

*Account is 30 days discount will
expire 10 days
from date of invoice*

*If paid within 10 Day of Dec. 9, 94
Take Discount.*

ORIGINAL INVOICE

Thank You!

PLEASE PAY
2628.84