

SIDE ONE

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

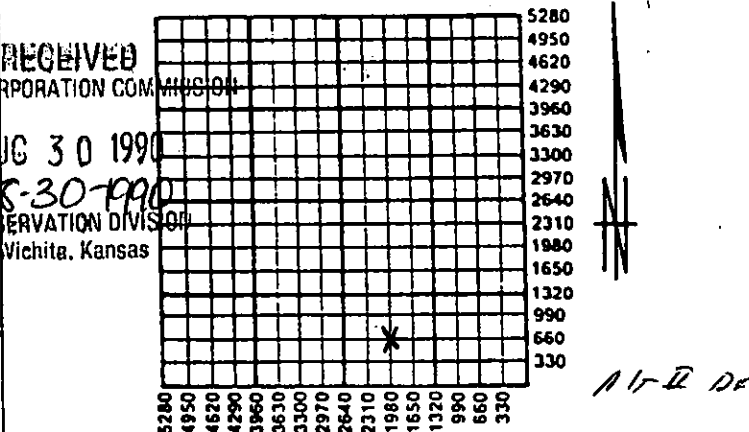
Operator: License # 3819
 Name: Diversified Production Service
 Address 8908 S. Yale, Suite 229
 City/State/Zip Tulsa, OK 74137
 Purchaser: _____
 Operator Contact Person: Jack Wilson
 Phone (918) 493-1418
 Contractor: Name: Abercrombie Drilling, Inc.
 License: 5422
 Wellsite Geologist: B.G. Osterbohn

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

If OWM: old well info as follows:
 Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
~~05-14-90~~ 06-14-90 06-15-90
 Spud Date Date Reached TD Completion Date

API NO. 15- 203-20,093-00-00
 County Wichita
SW SE Sec. 11 Twp. 20S Rge. 36 East West
660 Ft. North from Southeast Corner of Section
1980 Ft. West from Southeast Corner of Section
 (NOTE: Locate well in section plat below.)
 Lease Name Steven J. Graff Well # 1
 Field Name _____
 Producing Formation _____
 Elevation: Ground 3152 KB 3157
 Total Depth _____ PBTD _____



Amount of Surface Pipe Set and Cemented at 270 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to 5080 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 Chuck Redmon
 Title Engineer Date 8/10/90
 Subscribed and sworn to before me this 10 day of August, 1990.
 Notary Public Carroll Redmon
 Date Commission Expires 10/10/93

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Drillers Timelog Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other (Specify)

SIDE TWO

Operator Name Diversified Production Service Lease Name Steven J. Graff Well # 1
 Sec. 11 Twp. 20S Rge. 36 East West
 County Wichita

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Log</td> <td style="text-align: center;"><input type="checkbox"/> Sample</td> </tr> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> <tr> <td>CHASE</td> <td>2624'</td> <td></td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2892'</td> <td></td> </tr> <tr> <td>HEBURNEN</td> <td>3898'</td> <td></td> </tr> <tr> <td>LANSING</td> <td>3950'</td> <td></td> </tr> <tr> <td>MALMATION</td> <td>4456'</td> <td></td> </tr> <tr> <td>CHAUWEE</td> <td>4580'</td> <td></td> </tr> <tr> <td>NOOKWOW</td> <td>4800'</td> <td></td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4914'</td> <td></td> </tr> </table>	Formation Description				<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample	Name	Top	Bottom	CHASE	2624'		COUNCIL GROVE	2892'		HEBURNEN	3898'		LANSING	3950'		MALMATION	4456'		CHAUWEE	4580'		NOOKWOW	4800'		MISSISSIPPIAN	4914'	
Formation Description																																		
	<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample																																
Name	Top	Bottom																																
CHASE	2624'																																	
COUNCIL GROVE	2892'																																	
HEBURNEN	3898'																																	
LANSING	3950'																																	
MALMATION	4456'																																	
CHAUWEE	4580'																																	
NOOKWOW	4800'																																	
MISSISSIPPIAN	4914'																																	

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
Conductor	30"	20"	28#	44'	Redimix	4 Yds.	Unknown
Surface	12 1/2"	8 5/8"	24#	270'	Class C	190	2% cc 1/4#

Shots Per Foot	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 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 Interval _____

-29
SXS.

15-203-20093-00-00
COPY

ABERCROMBIE DRILLING, INC.

801 UNION CENTER
WICHITA, KANSAS 67202

Diversified Production Service
8908 S. Yale #229
Tulsa, OK 74137

STEVEN J. GRAFF #1
SW SE Sec. 11-20S-36W
Wichita County, KS

Contractor: Abercrombie Drilling, Inc.
Conductor: 20" set at 44' w/4 yds. Redimix
Surface: 8 5/8" set at 270' w/190 sxs.

DRILLERS WELL LOG

06-04-90	0 to 48	Sand and Shale
06-05-90	98 to 1300	Sand and Shale
06-06-90	1300 to 2187	Sand and Shale
06-07-90	2187 to 2243	Shale
	2243 to 2760	Shale and Lime
06-08-90	2760 to 3245	Shale
06-09-90	3245 to 3542	Shale
	3542 to 3720	Shale and Lime
06-10-90	3720 to 3920	Lime and Shale
	3920 to 4185	Shale and Lime
06-11-90	4185 to 4435	Shale and Lime
	4435 to 4515	Lime and Shale
06-12-90	4515 to 4529	Lime
	4529 to 4635	Lime and Shale
06-13-90	4635 to 4708	Lime
	4708 to 4925	Lime and Shale
06-14-90	4925 to 5080	Lime and Shale
	5080	Rotary Total Depth



SERVICE ORDER 15-203-20093-00-00

PERSON TAKING CALL: _____ DATE/TIME: **6-7-90** DS LOCATION: **UKS-916-9-2-03-12-2657** TREATMENT NUMBER: _____

CUSTOMER: **DIVERSIFIED SERVICES** ORDERED BY: _____ TELEPHONE: _____ MOBILE: _____

TYPE JOB: **SURF** JOB DATE: **6/4** TIME: **4:00** ON LOC: _____ PUMP: _____ CUSTOMER REP ON LOCATION: _____ TELEPHONE: _____ MOBILE: _____

WELL NAME & NUMBER: **STEPHEN GRANT #1** REWORK: **NEW** LOCATION: _____ POOL/FIELD: **Negotiated** COUNTY/PARISH: **Wichita**

CONTRACTOR ON SITE: **ABERCROMBIE** DS SALES REPRESENTATIVE: **G. HARRIS** CUSTOMER ORDER NUMBER: _____ STATE: **KANSAS**

TUBING/DP: _____ SIZE: _____ DEPTH MD / TVD: _____ WT: _____ THREAD: _____ TREATMENT VIA: _____ PACKER/RETAINER: _____

CASING: _____ **8 5/8** _____ **8 Rnd** _____ **CSG** ANN: _____ TYPE: _____ DEPTH: _____

LINER: _____ SERVICE INSTRUCTIONS: _____

OPEN HOLE: _____ BHST: _____ BHCT: _____

PERFORATED INTERVALS								FORMATION:	
TOP	TO	BOTTOM	NO. OF HOLES	TOP	TO	BOTTOM	NO. OF HOLES	SURFACE PIPE	
	TO				TO			REQUIRED RATE/PRESS.	
	TO				TO			HYDRAULIC HORSEPOWER ORDERED:	
	TO				TO			1 L4D6	
	TO				TO			MAX PSI ALLOWABLE:	

DIAMETER OF PERFORATIONS = _____

WELLHEAD CONN: **8 5/8 Head Surge, Manifold**

SPECIAL INSTRUCTIONS/EQUIPMENT: _____

SYSTEM DESCRIPTION:

System 1 **150 SKS CLASS C + 2 9/51 + 1/4" SK D29**
190

System 2 **14.8** **1.32** **6.32**

System 3 _____

System 4 _____

Additional Materials: **Hwy**

Directions: **ON 25 N OF HAKIN GO N. TO**

WICHITA Co LINE - 1 N ON Hwy 25
TO CURVE - 1 N - 1 E - 2 N - W INTO

15-203-20093-00-00

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-2657	DATE 6-5-90
STAGE DS	DISTRICT Wichita, KS

DS-498 PRINTED IN U.S.A.

WELL NAME AND NO. Steve J. Graft Sr. 11-20s-36w	LOCATION (LEGAL) Mississippi	RIG NAME: Abercrombie Drilling # 1
FIELD-POOL	FORMATION	WELL DATA: BIT SIZE 4, CSG/Liner Size, TOTAL DEPTH 271, WEIGHT 24, FOOTAGE 271, MUD TYPE GRADE 55, THREAD, MUD DENSITY, MUD VISC. 17.1
COUNTY/PARISH Wichita	STATE KS	API. NO.
NAME Diversified Prod. Service		
ADDRESS		
ZIP CODE		
SPECIAL INSTRUCTIONS CMT. 88 CASING		
NOTE: Include Footage From Ground Level To Head In Disp. Capacity		

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE 111 PSI	CASING WEIGHT + SURFACE AREA (3.14 x R ²)	Head & Plugs <input type="checkbox"/> Double <input checked="" type="checkbox"/> Single <input type="checkbox"/> Swage <input type="checkbox"/> Knockoff	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB
PRESSURE LIMIT	BUMP PLUG TO	PSI	<input type="checkbox"/> NEW <input type="checkbox"/> USED	DEPTH	TUBING VOLUME Bbls
ROTATE RPM	RECIPROCAT	FT	No. of Centralizers	ANNUAL VOLUME	Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
0423		790			5.8	H2O		0100	6-5-90	0600	6-5-90
0430		10	10		5.8	H2O					
0432		100	45			CMT 14.8					
0440		10									
0441		20	17.1		5	H2O					
0443		170	11		5	H2O					
0444		160	5.5		5	H2O					
0445						H2O					

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
			BBLs	DENSITY	BBLs	DENSITY
1.	190	1.32	class C + 2% cacl ₂ + 4% 1029		44.6	14.8
2.						
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN:
<input type="checkbox"/> HESITATION SO.	<input type="checkbox"/> RUNNING SO.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 60 Bbls
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL.	17.1 Bbls
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input checked="" type="checkbox"/> WIRELINE
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			W.C. Cain	JAMES EQUIVEL	

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

15-203-20093-00-00

OILFIELD SERVICES
INDUSTRIAL SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

03-12-2657

DSI SERVICE LOCATION NAME AND NUMBER
Ulysses Tr 0212

CUSTOMER NUMBER _____ CUSTOMER P.O. NUMBER _____

TYPE SERVICE CODE *211* BUSINESS CODES _____

CUSTOMER'S NAME *Diversified Prod. Services*

ADDRESS _____

CITY, STATE AND ZIP CODE _____

WORKOVER NEW WELL OTHER W N

API OR IC NUMBER _____

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE MO. DAY YR. TIME
LOCATION *6 5 90 0100*

SERVICE ORDER RECEIPT
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____ in accordance with the terms and conditions as printed on the reverse side of this form.

cont. 88 casing with 190st. class C +
2% cart + 1/4 1024

JOB COMPLETION MO. DAY YR. TIME
6 5 90 0445

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
W.C. Quinn

STATE *Kc* CODE *15* COUNTY / PARISH *Wichita* CODE _____ CITY _____

WELL NAME AND NUMBER / JOB SITE *Steve J. Graff # 1* LOCATION AND POOL / PLANT ADDRESS *Sec 11-205-2600* SHIPPED VIA *DS*

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
048209-000	PUMP chg	EA	1	433.00	433.00
059200-002	PUMP ch mileage	mi	58	2.40	139.20
059697-000	PACR chg	EA	1	110.00	110.00
049102-000	handling 18265 ⁵⁷ x 58	ton/mi	530	.80	424.00
049100-000	500000 chg	cu/ft	197	1.08	212.76
040003-000	D903 class C	st	190	7.00	1330.00
047005-100	cart	lb	357	.32	114.24
044003-025	D29 cellulosane Flakes	lb.	48	1.37	65.76
050001-085	guide shoe Texas pattern	EA	1	200.00	200.00
048501-085	Top wooden plug	EA	1	86.00	86.00
057499-001	K232 thread tool	EA	1	22.00	22.00

RECEIPT

Thanks for using DS

SUB TOTAL *field acti # 3114.96*

LICENSE/REIMBURSEMENT FEE _____

LICENSE/REIMBURSEMENT FEE _____

REMARKS: _____

STATE _____ % TAX ON \$ _____

COUNTY _____ % TAX ON \$ _____

CITY _____ % TAX ON \$ _____

SIGNATURE OF DSI REPRESENTATIVE *James C. Quinn* TOTAL \$ _____