

ORIGINAL

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

Operator: License # 3988
Name: Slawson Exploration Co., Inc.
Address 621 N. Robinson #490
City/State/Zip Oklahoma City, OK 73102-
6217

Purchaser: _____
Operator Contact Person: _____
Phone (405) 232-0201

Contractor: Name: Murfin Drilling Company, Inc.
License: 30606 **KCC**

Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, 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/SVD
 Plug Back _____ PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____
04-23-93 04-29-93 04-30-93
Spud Date Date Reached TD Completion Date

API NO. 15-171-20454-00-00
County Scott
NE SW NE Sec. 28 Twp. 17S Rge. 31 W
1960 Feet from S/A (circle one) Line of Section
1960 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 Janssen 'AC' Well # 1
Field Name _____
Producing Formation _____
Elevation: Ground 2939' KB 2944'
Total Depth 4615' PBTD _____
Amount of Surface Pipe Set and Cemented at 352 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ ex cat.
Drilling Fluid Management Plan 6-1-93
(Date must be collected from the Reserve Pit)
Chloride content 3000 ppm Fluid volume 5000 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
RELEASED
Operator Name _____
Lease Name _____ License No. 1996
Quarter _____ Sec. _____ Twp. _____
County _____ Docket No. _____

CONFIDENTIAL

FROM CONFIDENTIAL

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 _____
Title Division Operations Mgr. Date 5/17/93
Subscribed and sworn to before me this 17 day of May 19 93.
Notary Public Carla Ray
Date Commission Expires 12-1-96

E.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
RECEIVED
MAY 2 1993
DISTRIBUTION
 SVD/Rep NGPA
 Plug Other (Specify)
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name Slawson Exploration Co., Inc. Lease Name Janssen 'AC' Well # 1
 Sec. 28 Twp. 17S Rge. 31 East County Scott
 West

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 type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ban	2309	635
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wab	3519	-575
List All E.Logs Run:		Hbn	3901	-957
Radiation Guard Log		Lan	3941	-1035
		Stk	4226	-1282
		Bkc	4308	-1364
		Mar	4337	-1393
		Cke	4506	-1562
		Mis	4588	-1644

CASING RECORD <input 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 1/4"	8-5/8"		352'	60/40	215	2%Gel 3%CC

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		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, SUD 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	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) _____

Production Interval _____