

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

Operator: License # applied for 31075
Name: Lang Family Partnership
Address 70 North Farmland Road

City/State/Zip Garden City, KS 67846

Purchaser: N/A
Operator Contact Person: Ron Osterbuhr

Phone (316) 275-7888
Contractor: Name: Chief Drilling, Inc.

License: #5886
Wellsite Geologist: Karl J. Osterbuhr

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR S1GW
 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. PSTD
 Plug Back Docket No. _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

10-31-92 11-10-92 12/15/92
Spud Date Date Reached TD Completion Date

API NO. 15- 171-20,448-00-00
County Scott
NW - SW - NE - Sec. 18 Twp. 20S Rgs. 33 X E

3630 FSL Feet from NW (circle one) Line of Section
2310 FEL Feet from EW (circle one) Line of Section

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

Lease Name Mark Well # 1

Field Name Rothfelder

Producing Formation Morrow

Elevation: Ground 2983 KB 2990

Total Depth 4719 PSTD 4717'

Amount of Surface Pipe Set and Cemented at 1205 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 1-11-99
(Data must be collected from the Reserve Pit)

Chloride content 9500 ppm Fluid volume 1500 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. _____

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 Foranld Osterbuhr

Title Agent Date 12/28/92

Subscribed and sworn to before me this 28th day of December, 19 92.

Notary Public Sharon Brandenburg

Date Commission Expires 4-11-96

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

SHARON BRANDENBURG
Notary Public - State of Kansas
My Appt. Expires 4-11-96

Operator Name Lang Family Partnership Lease Name Mark Well # 1
 Sec. 18 Twp. 20S Rge. 33 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: G/R correlation log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td style="width:30%">Name</td> <td style="width:35%">Top</td> <td style="width:35%">Datum</td> </tr> <tr> <td>B/Stone Corral (sample)</td> <td>2178'</td> <td>+812'</td> </tr> <tr> <td>T/Heebner</td> <td>3844'</td> <td>-854'</td> </tr> <tr> <td>T/Lansing</td> <td>3889'</td> <td>-899'</td> </tr> <tr> <td>T/Marmaton</td> <td>4386'</td> <td>-1396'</td> </tr> <tr> <td>T/Cherokee</td> <td>4500'</td> <td>-1510'</td> </tr> <tr> <td>T/Morrow</td> <td>4664'</td> <td>-1674'</td> </tr> <tr> <td>RTD</td> <td>4720'</td> <td></td> </tr> <tr> <td>DDTD</td> <td>4742'</td> <td></td> </tr> </table>	Name	Top	Datum	B/Stone Corral (sample)	2178'	+812'	T/Heebner	3844'	-854'	T/Lansing	3889'	-899'	T/Marmaton	4386'	-1396'	T/Cherokee	4500'	-1510'	T/Morrow	4664'	-1674'	RTD	4720'		DDTD	4742'	
Name	Top	Datum																										
B/Stone Corral (sample)	2178'	+812'																										
T/Heebner	3844'	-854'																										
T/Lansing	3889'	-899'																										
T/Marmaton	4386'	-1396'																										
T/Cherokee	4500'	-1510'																										
T/Morrow	4664'	-1674'																										
RTD	4720'																											
DDTD	4742'																											

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#	1205'	pozmix common	470 150	6% gel, 3% cc 3% cc
Production	7 7/8"	5 1/2"	14#	4719'	common	100	1/2# flo seal per sack

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
open hole	4720'-4742'	none
4spf	CIBP @ 4717'; perf 4707-11, 4697-4701	1750 gal 7.5% FE acid

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 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 _____



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET

No 18634

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation KB 2970 Formation Cherokee Eff. Pay _____ Ft.

District Garden City Date 11-8-92 Customer Order No. _____

COMPANY NAME Lang Family Partnership

ADDRESS 70 North Farmland Road Garden City KS 67846

LEASE AND WELL NO. Mark #1 COUNTY SCOTT STATE KS Sec. 18 Twp. 20S Rgc. 33W

Mail Invoice To Same Address Same No. Copies Requested Reg

Mail Charts To Same Address Same No. Copies Requested Reg

Formation Test No. 1 Interval Tested From 4551 ft. to 4563 ft. Total Depth 4563 ft.

Packer Depth 4546 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 4551 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4553 ft. Recorder Number 13266 Cap. 4000

Bottom Recorder Depth (Outside) 4556 ft. Recorder Number 10242 Cap. 4100

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____

Drilling Contractor Chief Drilg Co. #2 Drill Collar Length _____ I. D. _____ in.

Mud Type Chem. Viscosity 48 Weighr. Pipe Length _____ I. D. 3 3/8 in.

Weight 9.11 Water Loss 8.0 cc. Drill Pipe Length 4528 I. D. 3 1/2 in.

Chlorides 8,500 P.P.M. Test Tool Length 23 ft. Tool Size 5 1/2 OD in.

Jars: Make _____ Serial Number _____ Anchor Length 3/4 ft. Size 3/4 in.

Did Well Flow? _____ Reversed Out? _____ Surface Choke Size 3/4 in. Bottom Choke Size 4 1/2 NH in.

Main Hole Size 1 7/8 in. Tool Joint Size _____ in.

Blow: Very weak building to 1" in bucket DECREASED TO UPY W/EX SURFACE BLOW IN BOTTOM 5 FT. P.

NO BLOW ON FFP.

Recovered 10 ft. of Drilg mud.

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Chlorides _____ P.P.M. Sample Jars used _____ Remarks: REMOVED

Time On Location 1:00 P.M. Time Pick Up Tool 2:15 P.M. Time Off Location _____ A.M./P.M.

Time Set Packer(s) 4:40 P.M. Time Started Off Bottom 8:10 P.M. Maximum Temperature 116° F

Initial Hydrostatic Pressure _____ (A) 2159 P.S.I.

Initial Flow Period _____ Minutes 30 (B) 30 P.S.I. to (C) 20 P.S.I.

Initial Closed In Period _____ Minutes 60 (D) 20 P.S.I.

Final Flow Period _____ Minutes 30 (E) 20 P.S.I. to (F) 20 P.S.I.

Final Closed In Period _____ Minutes 90 (G) 20 P.S.I.

Final Hydrostatic Pressure _____ (H) 2149 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature]
Signature of Customer or his authorized representative

Western Representative Brad Boy

FIELD INVOICE

Open Hole Test \$
Misrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$
Safety Joint \$
Standby \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. \$ _____
Milcage \$ _____
Fluid Sampler \$ _____
Extra Charts \$ _____
Insurance \$ _____



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET

No 18635

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation KB 2990 Formation Morrow Eff. Pay _____ Ft.

District Garden City Date 11-9-92 Customer Order No. _____

COMPANY NAME Lang Family Partnership

ADDRESS 70 North Farmland Road Garden City, KS 67846

LEASE AND WELL NO. Mark #1 COUNTY Scott STATE KS Sec. 18 Twp. 20^s Rgn. 33^w

Mail Invoice To Same Address Same No. Copies Requested Reg

Co. Name Same Address Same No. Copies Requested Reg

Mail Charts To Same Address _____ No. Copies Requested _____

Formation Test No. 2 Interval Tested From 4666 ft. to 4714 ft. Total Depth 4714 ft.

Packer Depth 4666 ft. Size 6 5/8 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 4666 ft. Size 6 5/8 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4705 ft. Recorder Number 13266 Cap 4000

Bottom Recorder Depth (Outside) 4708 ft. Recorder Number 1562 Cap 3900

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap _____

Drilling Contractor Chief Drilg #2 Drill Collar Length _____ I. D. _____ in.

Mud Type Chemical Viscosity 46 Weight Pipe Length 4638 I. D. 3.8 in.

Weight 9.1 Water Loss 8.8 cc. Drill Pipe Length _____ I. D. _____ in.

Chlorides 8,500 P.P.M. Test Tool Length 28 ft. Tool Size 5 1/2 OD in.

Jars: Make WTC Serial Number 512 Anchor Length 48 ft. Size 3/4 in.

Did Well Flow? NO Reversed Out _____ Surface Choke Size 3/4 in. Bottom Choke Size 4 1/2 x H in.

Main Hole Size 1 7/8 in. Tool Joint Size _____ in.

Blow: Very weak, built to 9" in bucket in 30 min. S.F.P.

NO Blow on F.F.P.

Recovered 35 ft. of Drilg mud.

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Chlorides _____ P.P.M. Sample Jars used _____ Remarks STA (35' TOTAL FLUID)

Time On Location 5:00 AM Time Pick Up Tool 6:30 AM Time Off Location _____ AM

Time Set Packer(s) 8:55 AM Time Started Off Bottom 12:25 AM Maximum Temperature 118° F

Initial Hydrostatic Pressure _____ (A) 2248 P.S.I.

Initial Flow Period _____ Minutes 30 (B) 50 P.S.I. to (C) 40 P.S.I.

Initial Closed In Period _____ Minutes 60 (D) 60 P.S.I.

Final Flow Period _____ Minutes 30 (E) 50 P.S.I. to (F) 50 P.S.I.

Final Closed In Period _____ Minutes 90 (G) 101 P.S.I.

Final Hydrostatic Pressure _____ (H) 2238 P.S.I. 13266

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature]
Signature of Customer or his authorized representative

Western Representative Brad Boy Thank you.

FIELD INVOICE

- Open Hole Test
- Misrun
- Straddle Test
- Jars
- Selective Zone
- Safety Joint
- Standby
- Evaluation
- Extra Packer
- Circ. Sub.
- Mileage
- Fluid Sampler
- Extra Charts
- Insurance

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

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

ALLIED CEMENTING CO., INC.

№ 3073

Home Office P. O. Box 31

Russell, Kansas 67665

New

Date	11-1-92	Sec.	18	Twp.	20	Range	33	Called Out	5:30 AM.	On Location	9:30 AM.	Job Start	3:00 PM	Finish	4:15 PM.
Lease	Mark	Well No.	#1	Location				Shallowater, 35, 50, 25, 4 into		County	Scott	State	KS.		

Contractor	Chief Drilling Rig #2	
Type Job	Surface	
Hole Size	12 1/4"	T.D. 1208'
Csg.	8 5/8"	Depth 1208'
Tbg. Size		Depth
Drill Pipe		Depth
Tool		Depth
Cement Left in Csg.	38'	Shoe Joint 38'
Press Max.		Minimum
Meas Line		Displace 74 1/2 bbl.
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	Lang Family Partnership
To	Hermon Lang
Street	
City	State
The above was done to satisfaction and supervision of owner agent or contractor.	
Purchase Order No.	#101
X	
CEMENT	
Amount Ordered	470 SLS 15 62 Gel, 32 cc, 150 com, 32 cc.

EQUIPMENT

#	No.	Cementer	TIM
Pumptrk	158	Helper	CARY
#	No.	Cementer	
Pumptrk		Helper	
#		Driver	MARK B.
Bulktrk	199	Driver	JACKS.
Bulktrk	#116		

Consisting of	
Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	
Sales Tax	
Handling	
Mileage	
STATE COMMISSION	
Sub Total	
Total	

DEPTH of Job	
Reference:	Pumptrk Charge
	Pumptrk Mileage
	8 5/8 Rubber Plug
	Sub Total
	Tax
	Total

Floating Equipment	
1-8 5/8 Texas Pattern Guide Shot	
1-8 5/8 Baffle Plate	
2-8 5/8 Centralizers	

Remarks: Cement did circulate.

T Penks

Allied Cementing
 By Tim Dickson