

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

Operator: License # 31283
Name: Rheem Resources, Inc.
Address 100 S. Main, Suite 505
Wichita, Ks. 67202
City/State/Zip
Purchaser: N/A
Operator Contact Person: Clay Hedrick, Jr.
Phone (316) 262-5099

Contractor: Name: Abercrombie Drilling, Inc.
License: 5422

Wellsite Geologist: Scott Oatsdean

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-28-95 8-2-95 8-3-95
Spud Date Date Reached TD Completion Date

API NO. 15- 101-21,704-00-00 ORIGINAL
County Lane
 - NW - SE - SE Sec. 4 Twp. 19S Rge. 28W XX W
990' Feet from (S)N (circle one) Line of Section
990' 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 FOOS Well # #1

Field Name Royalty West (EXT)

Producing Formation None

Elevation: Ground 2756' KB 2761'

Total Depth 4648' PBSD _____

Amount of Surface Pipe Set and Cemented at 287.60' 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 D&A 9/2 10-4-95
(Data must be collected from the Reserve Pit)

Chloride content 2500 ppm Fluid volume 1200 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter SE Conservation Division 10-4-95 S. Rng. _____ E/W

County Wichita, Kansas District No. _____

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STATE CORPORATION COMMISSION
SEP 22 1995
09-22-1995
CONSERVATION DIVISION
Wichita, Kansas

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 James L. Rheem
Title President Date 9/20/95
Subscribed and sworn to before me this 20 day of Sept. 19 95.
Notary Public Linda A. Kreuzburg
Date Commission Expires 10-5-97

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



SIDE TWO

Operator Name Rheem Resources, Inc. Lease Name FOOS Well # #1

East County Lane
4 Twp. 19S Rge. 28W 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 more space is needed. Attach copy of log.

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 Yes No
 Yes No
 Yes No
 Yes No
 Drill Stem Tests Taken (Attach Additional Sheets.)
 Samples Sent to Geological Survey
 Core Samples Taken
 Electric Log Run (Submit Copy.)
 Submit All E.Logs Run: **GUARD SIDEWALL NEUTRON**

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"	20#	287.60'	60/40 pos	90 sks	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 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, Resumed Production, SWD or Inj. DRA Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity.

Disposition of Gas: METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, submit ACO-18.) Other (Specify) _____



JOB SUMMARY

HALLIBURTON DIVISION 1111 15-101-21704-00-00
 HALLIBURTON LOCATION Highway 2

BILLED ON TICKET NO. 579717

WELL DATA

FIELD _____ SEC 4 TWP. 19S RNG. 23W COUNTY Lincoln STATE KS

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC DATA _____ TOTAL DEPTH 4650

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>LA-11</u>	<u>8 5/8"</u>	<u>1</u>
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-2-95</u>	DATE <u>8-2-95</u>	DATE <u>8-2-95</u>	DATE <u>8-2-95</u>
TIME <u>13:30</u>	TIME <u>13:30</u>	TIME <u>17:12</u>	TIME <u>19:50</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Fogel</u>	<u>38427</u> <u>Pickup</u>	<u>Highway 2</u>
<u>T. Hany</u>	<u>51747</u> <u>Comb</u>	"
<u>W. Wilson</u>	<u>78R 1784</u> <u>3246 1713</u>	"

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT Cons
 DESCRIPTION OF JOB Plug T. Abandon
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE [Signature]
 HALLIBURTON OPERATOR Roger B. Fogel COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>22</u>	<u>40160 Poz</u>		<u>R</u>	<u>6% Gel 1/4" Fibre</u>	<u>117</u>	<u>72.6</u>

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SUMMARY

PRESSURES IN PSI _____
 CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: (BBL.) GAL. 69.8
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

CUSTOMER

CUSTOMER
 LEASE
 WELL NO.
 JOB TYPE
 DATE

ALLIED CEMENTING CO., INC. 0501641

15-101-21704-00-00

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL SERVICE POINT Ness City

DATE <u>7-28-95</u>	SEC <u>4</u>	TWP. <u>19</u>	RANGE <u>28</u>	CALLED OUT <u>10:30PM</u>	ON LOCATION <u>12:45AM</u>	JOB START <u>4:10AM</u>	JOB FINISH <u>4:30AM</u>
LEASE <u>Foos</u>	WELL # <u>1</u>	LOCATION <u>Wighton 2E-35-12 1/2 S</u>		COUNTY <u>Lane</u>	STATE <u>KS</u>		

CONTRACTOR Almeria Blue

TYPE OF JOB Surface

HOLE SIZE 12 1/2" T.D. 288'

CASING SIZE 8 3/4" 20' DEPTH 287'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

OWNER Same

CEMENT

AMOUNT ORDERED 190.60/40223

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
HANDLING	@	_____
MILEAGE	@	_____
TOTAL		_____

EQUIPMENT

PUMP TRUCK CEMENTER Mike

224 HELPER Bob

BULK TRUCK

69 DRIVER Mike

BULK TRUCK

_____ DRIVER _____

REMARKS:

Ran 10 hrs. 8 3/4" 20' casing. Broke con
with pig. Used 190.540' (40223)
then displaced with 17.63 B.D. Fresh H₂O
Cement did circulate

Thank you
Allied Cementing
Mike, Bob, Bill

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG THP @ _____

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CONSERVATION DIVISION
Wichita, Kansas

CHARGE TO: Rheem

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL		_____

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 is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Harry Fisher