

ORIGINAL

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, Ste 505

City/State/Zip Wichita, Ks. 67202-3738

Purchaser: _____
Operator Contact Person: Clay Hendrick, Jr.
Phone (316) 262-5099

Contractor: Name: Abercrombie RTD, Inc.
License: 30684

Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Exp., Cathodic, etc.)

If Workover:
Operator: N/A
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

03-28-95 04-03-95 04-04-95
Spud Date Date Reached TD Completion Date

API NO. 15- 101-21,697-0000
County Lane
- NW - NW - SE Sec. 33 Twp. 16S Rge. 27 XX ^E _W
2310 Feet from (N) (circle one) Line of Section
2310 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 Anderson Trust Well # 1
Field Name _____
Producing Formation D & A
Elevation: Ground 2693 KB 2698
Total Depth 4625' PBTD 4625'
Amount of Surface Pipe Set and Cemented at 284.70 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
(Data must be collected from the Reserve Pit)
Chloride content 17,000 ppm Fluid volume 850 bbls
Dewatering method used Evaporization
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, 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 Clay Hendrick, Jr.
Title Operation Manager Date 4/24/95
Subscribed and sworn to before me this 24 day of April, 19 95.
Notary Public Sandra 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 NGPA
 KGS Plug Other
(Specify)

LINDA A. KREUZBURG
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 10-5-97

SIDE TWO

Operator Name Rheem Resources, Inc. Lease Name Anderson Trust Well # 1

Sec. 33 Twp. 16 Rge. 27 East West
 County Lane

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:
 Wire-Tech (Radiation Guard Log)

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

| 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 | | 8 5/8" | 20# | 284.7' | 60/40 pos | 190 | 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 <input type="checkbox"/> Yes <input 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: _____

104 YDA 100
 AN TO STATE
 JUN 2 1984

ALLIED CEMENTING CO., INC.

1966

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

ORIGINAL

SERVICE POINT:
Great Bend

| | | | | | | | |
|-------------------------|-----------------|--|-----------------|---------------------------|---------------------------|-------------------------|--------------------------|
| DATE <u>4-3-95</u> | SEC <u>33</u> | TWP <u>16</u> | RANGE <u>27</u> | CALLED OUT <u>9:30 Am</u> | ON LOCATION <u>1:00pm</u> | JOB START <u>1:50pm</u> | JOB FINISH <u>5:00pm</u> |
| Anderson LEASE Trust | WELL # <u>1</u> | Pendants LOCATION <u>Es-25-1/4E-N10</u> | | | COUNTY <u>Lane</u> | STATE <u>KS</u> | |

OLD OR NEW (Circle one)

| |
|---|
| CONTRACTOR <u>Aharcrombie Rtd</u> |
| TYPE OF JOB <u>Rotary Plug</u> |
| HOLE SIZE <u>12 1/4 7/8</u> TD. <u>4625</u> |
| CASING SIZE <u>8 7/8</u> DEPTH <u>775</u> |
| TUBING SIZE DEPTH |
| DRILL PIPE DEPTH |
| TOOL DEPTH |
| PRES. MAX MINIMUM |
| MEAS. LINE SHOE JOINT |
| CEMENT LEFT IN CSG. |
| PERFS. |

| |
|---|
| OWNER <u>Same</u> |
| CEMENT |
| AMOUNT ORDERED <u>235 sk 64/40 38 cu ft</u> |
| <u>1/4" FS</u> |

| |
|--|
| COMMON <u>141</u> @ <u>6.10</u> <u>860.</u> |
| POZMIX <u>94</u> @ <u>3.15</u> <u>296.</u> |
| GEL <u>12</u> @ <u>9.50</u> <u>114.</u> |
| CHLORIDE <u>7</u> @ <u>28.00</u> <u>196</u> |
| <u>Flo Seal 59#</u> @ <u>1.15</u> <u>67.</u> |
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| HANDLING <u>235</u> @ <u>1.05</u> <u>246</u> |
| MILEAGE <u>50</u> <u>470</u> |
| TOTAL \$ <u>2256</u> |

EQUIPMENT

| |
|----------------------------------|
| PUMP TRUCK CEMENTER <u>Don H</u> |
| # <u>224</u> HELPER <u>J D</u> |
| BULK TRUCK |
| # DRIVER |
| BULK TRUCK |
| # <u>69</u> DRIVER <u>Bob B</u> |

REMARKS:

Pumped 50 sk at 2150', 80 sk at 1700',
40 sk at 870' 40 sk at 300' 10 sk at 40'
15 sk at RH
BY Allied Cementing
Frank's Don
Harris

SERVICE

| |
|--|
| DEPTH OF JOB <u>2150</u> |
| PUMP TRUCK CHARGE <u>550</u> |
| EXTRA FOOTAGE @ _____ |
| MILEAGE <u>50</u> @ <u>2.35</u> <u>117.</u> |
| PLUG <u>1 Dry Hole</u> @ <u>23.00</u> <u>23.</u> |
| _____ @ _____ |
| _____ @ _____ |
| TOTAL \$ <u>690</u> |

CHARGE TO: RHeem Res. Inc
 STREET Suite 505 1000 S Main
 CITY Wichita STATE KS ZIP 67202
 PHONE 9738

DEC 21 1995

CONSERVATION DIVISION
WICHITA, KS

FLOAT EQUIPMENT

| |
|---------------|
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| _____ @ _____ |
| TOTAL _____ |

| |
|--|
| TAX <u>- 0 -</u> |
| TOTAL CHARGE \$ <u>2941.30</u> |
| DISCOUNT <u>\$588.26</u> IF PAID IN 30 D |

Net \$ 2353.00

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.

SIGNATURE Anthony Martin