

ORIGINAL

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 # 7200

Name: Scott T. Lutz

Address P. O. Drawer D

City/State/Zip Shell Knob, MO 65747

Purchaser: _____

Operator Contact Person: H. L. Maddox

Phone (316) -653-4178

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Ron Nelson

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd. CONSERVATION DIVISION

Gas Inj Delayed Comp. Wichita, Kansas

Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1/7/91 1/25/91

Spud Date Date Reached TD Completion Date

API NO. 15- 135-23,544 - 6000

County Ness

NW SW SW Sec. 24 Twp. 16S Rge. 26 East West

990 Ft. North from Southeast Corner of Section

4950 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

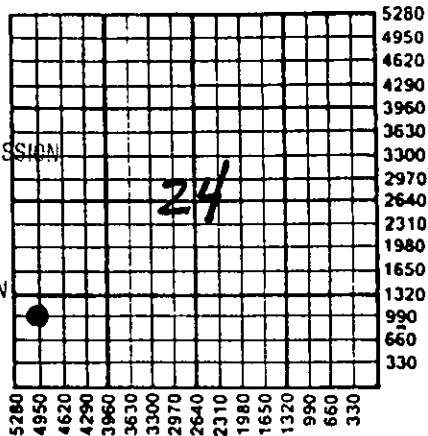
Lease Name Jones Well # 4

Field Name Eunice East

Producing Formation None

Elevation: Ground 2622' KB 2627'

Total Depth 4628' PBDT _____



5280
4950
4620
4290
3960
3630
3300
2970
2640
2310
1980
1650
1320
990
660
330

Amount of Surface Pipe Set and Cemented at 266 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.

RECEIVED
STATE CORPORATION COMMISSION
4-4-91
APR 04 1991

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 [Signature]

Title OPERATOR Date 4-1-91

Subscribed and sworn to before me this 1st day of April, 19 91.

Notary Public [Signature]

Date Commission Expires November 8, 1991

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Time Log Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

SIDE TWO

Operator Name Scott T. Lutz Lease Name Jones Well # 4

East

County Ness

Sec. 24 Twp. 16S Rge. 26

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.)</p>	<p align="center">Formation Description</p> <p align="center"><input type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Name</td> <td style="width:45%;">Top Anhydrite</td> <td style="width:15%;">Top</td> <td style="width:25%;">2010</td> <td style="width:10%;"></td> <td style="width:10%;">Bottom</td> <td style="width:10%;">+617</td> </tr> <tr> <td></td> <td>Base Anhydrite</td> <td></td> <td>2043</td> <td></td> <td></td> <td>+584</td> </tr> <tr> <td></td> <td>Heebner</td> <td></td> <td>3902</td> <td></td> <td></td> <td>-1275</td> </tr> <tr> <td></td> <td>Toronto</td> <td></td> <td>3918</td> <td></td> <td></td> <td>-1291</td> </tr> <tr> <td></td> <td>LKC</td> <td></td> <td>3942</td> <td></td> <td></td> <td>-1315</td> </tr> <tr> <td></td> <td>BKC</td> <td></td> <td>4250</td> <td></td> <td></td> <td>-1623</td> </tr> <tr> <td></td> <td>Pawnee</td> <td></td> <td>4390</td> <td></td> <td></td> <td>-1763</td> </tr> <tr> <td></td> <td>Ft. Scott</td> <td></td> <td>4458</td> <td></td> <td></td> <td>-1831</td> </tr> <tr> <td></td> <td>Cherokee Shale</td> <td></td> <td>4484</td> <td></td> <td></td> <td>-1857</td> </tr> <tr> <td></td> <td>Reworked Miss.</td> <td></td> <td>4564</td> <td></td> <td></td> <td>-1937</td> </tr> <tr> <td></td> <td>Dolomite Porosity</td> <td></td> <td>4605</td> <td></td> <td></td> <td>-1978</td> </tr> </table>	Name	Top Anhydrite	Top	2010		Bottom	+617		Base Anhydrite		2043			+584		Heebner		3902			-1275		Toronto		3918			-1291		LKC		3942			-1315		BKC		4250			-1623		Pawnee		4390			-1763		Ft. Scott		4458			-1831		Cherokee Shale		4484			-1857		Reworked Miss.		4564			-1937		Dolomite Porosity		4605			-1978
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CASING RECORD New Used

TOTAL DEPTH: 4629 -2002

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

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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____