

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

RECEIVED

API NO. 15- 007-01037 -0001

Operator: License # 30128 CO. 7-22-98 DIVISION

Name: KENNETH S. WHITE

Address 200 E. First, #405

City/State/Zip Wichita, KS 67202

Purchaser: Kansas Gas Supply Corporation

Operator Contact Person: Kenneth S. White

Phone (316) 263-4007

Contractor: Name: Pratt Well Service, Inc.

License: 5893

Wellsite Geologist: ORIGINAL

Designate Type of Completion

New Well Re-Entry Workover

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

If Workover/Reentry: Old Well Info as follows:

Operator: North American Drilling

Well Name: Olson #1 "OWWO"

Comp. Date 4/15/94 Old Total Depth 3962

Deepening Re-perf. Conv. to Inj/SLD
 Plug Back PBTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SLD or Inj?) Docket No. D-27,600

3/19/94 3/20/94 4/15/94
Spud Date Date Reached TD Completion Date

County Barber

NE - NE - SE Sec. 32 Twp. 30S Rge. 12 X E

2310 Feet from S/W (circle one) Line of Section

330 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 Olson Well # 1

Field Name Nurse

Producing Formation Snyderville w/Lansing SWD

Elevation: Ground 1804 KB 1809

Total Depth 4000 PBTD 3962

Amount of Surface Pipe Set and Cemented at 207 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 _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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 Kenneth S. White
Title Owner Date 7/21/98
Subscribed and sworn to before me this 21st day of July, 19 98.
Notary Public Susan M. Way
Date Commission Expires _____

SUSAN M. WAY
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-17-00

✓ KIC HAS COPY

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/> Letter of Confidentiality Attached	
C	<input type="checkbox"/> Wireline Log Received	
C	<input type="checkbox"/> Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SMD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		

Operator Name Kenneth S. White Lease Name Olson Well # 1
 Sec. 32 Twp. 30S Rge. 12 East County Barber
 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 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:

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

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
4	3940-3950 (Disposal Perforations)	2000 gals 15% FE Acid, 2000 gals 28% Acid	
4	3736-3740 (Existing Perforations)	500 gals 7.5% FE Acid, Frac w/167 SCF Nitrogen and 25# Delta Frac Fluid w/4500# of 20/40 Sand and 3500# 12/20 Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2-3/8	3930	3930			
Date of First, Resumed Production, SLD or Inj.			Producing Method <input type="checkbox"/> Flowing <input checked="" 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 Snyderville Gas 3736-3740
Lansing Disposal 3940-3950

CASING MECHANICAL INTEGRITY TEST

15-007-01037-00-01

DOCKET # D-27,600

Disposal Enhanced Recovery:

NE NE SE, Sec 32, T 30 S, R 12 #/W

Repressuring

2310 Feet from South Section Line

Flood

3300 Feet from East Section Line

Tertiary

Date injection started _____

Lease Olson Well # 1

API #15 -007 -01037

County Barber

Operator: Kenneth S. White

Operator License # 30128

RECEIVED

Name &

Contact Person Ken White

STATE CORPORATION COMMISSION

Address 200 E. First, Ste. 405

JUL 22 1998

Wichita, KS. 67202

Phone 316-263-4007

Max. Auth. Injection Press. 500 psi; Max. Inj. Rate 500 bbl/d; Wichita, Kansas

If Dual Completion - Injection above production _____ Injection below production _____

Size	Conductor	Surface	Production	Liner	Size	Tubing
Set at		8 5/8"	4 1/2"		2 3/8"	
Cement Top		207'	3993'		Set at	3699' (For MIT)
" Bottom		0	3330'		Type	Steel-EUE
DV/Perf.		207'	3993'			
Packer type	Mid-con-Compression (For MIT)		TD (and plug back) 3999' (3962')			ft. depth
Zone of injection	LKC		Size 4 1/2"			Set at 3699' (For MIT)
			ft. to ft. 3940'-3950'			Perf. or open hole perfs.

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

F Time: Start 0 Min. 15 Min. 30 Min.

I Pressures: 400# 400# 400# Set up 1 System Pres. during test 0
 L Set up 2 Annular Pres. during test 400#
 D Set up 3 Fluid loss during test 0 bbls.

T Tested: Casing or Casing - Tubing Annulus

ORIGINAL

The bottom of the tested zone is shut in with a packer

Test Date 7-15-98 Using Acid Services, LLC Company's Equipment

The operator hereby certifies that the zone between 0 feet and 3699 feet

was the zone tested *Herbert A. Duward* Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent *Stephen J. Pfeifer* Title PIRT II Witness: Yes No _____

REMARKS: Initial test. This is to be a dual complete well w/a single string of tubing. Producing perfs are Snyderville sand @ 3736-40' + Douglas Sand @ 3824-28.

Origin. Conservation Div.; KDHE/T; Dist. Office;

Computer Update upon completion a Halliburton ultra-Loc Packer will be set @ app. 3930' + the H+F down hole injection tool @ app. 3922' In form agent for operator that disposal zone could not be used until they received written Auth. from the KCC.

ORIGINAL

INVOICE

ORIGINAL HALLIBURTON

MAR 24 1994

REMIT TO: P.O. BOX 951046. DALLAS, TX 75395-1046

INVOICE NO:	DATE:
614128	03/20/1994

WELL/LEASE NO./PROJECT:	WELL/PROJECT/LOCATION:	STATE:	OWNER:
OLSON 1	BARBER	KS	SAME
SERVICE LOCATION:	CONTRACTOR:	JOB PURPOSE:	TICKET DATE:
PRATT	VAL ENERGY	CEMENT PRODUCTION CASING	03/20/1994
ACCT NO:	CUSTOMER/AGENT:	VENDOR NO:	CUSTOMER P.O. NUMBER:
633778	JAMES D RIORDAN		
SHIPPED VIA:			FILE NO:
COMPANY TRUCK			66117

NORTH AMERICAN DRILLING &
EXPLORATION INC
3420 10TH STREET
GREAT BEND, KS 67530

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
	*- KANSAS STATE SALES TAX				111.09
	*- PRATT COUNTY SALES TAX				22.68
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$4,714.28

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer shall be responsible for payment of the attorney's fees and costs.