

ORIGINAL

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

Operator: License # 9232

Name: Timberline Oil & Gas Corporation

Address 4447 S. Canyon Rd. Ste. 1
City/State/Zip Rapid City, SD 57702

Purchaser: Kansas Gas Supply

Operator Contact Person: Brant C. Grote

Phone (605) 341-3400

Contractor: Name: Basye Well Service

License: _____

Wellsite Geologist: _____

Designate Type of Completion

____ New Well ____ Re-Entry X Workover

____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
X Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: Timberline Oil & Gas Corporation

Well Name: Knop 11

Comp. Date 1/13/85 Old Total Depth 4480'

____ Deepening X Re-perf. ____ Conv. to Inj/SWD
X Plug Back 3900 PBD
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Inj?) Docket No. _____

11/17/94 11/19/94
Date OF START Date Reached TO Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 151-21,531000

County Pratt

NE-SW-NE- Sec. 29 Twp. 26S Rge. 12 X W

3630 Feet from SW (circle one) Line of Section

1650 Feet from EW (circle one) Line of Section

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

Lease Name Knop Well # 11

Field Name: Tuka Carmi

Producing Formation Severy

Elevation: Ground 1914 KB 1925

Total Depth _____ PBD _____

Amount of Surface Pipe Set and Cemented at 350 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 REWORK J 24 3-28-95
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Deswering 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, 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 Brant C. Grote

Title President Date 12/7/94

Subscribed and sworn to before me this 7th day of December 1994.

Notary Public Trudy K. Steiger
TRUDY K. STEIGER

Date Commission Expires 3/30/96

RECEIVED
STATE CORPORATION COMMISSION
WICHITA, KANSAS
12-19-94

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

Operator Name Timberline Oil & Gas Lease Name Knop Well # 11
 Corporation Pratt County Pratt
 Sec. 29 Twp. 26S Rge. 12
 East 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 Datum Sample
 Name Top Datum
 Severy 3098 -1173

CASING RECORD <input checked="" 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	12 1/4"	8 5/8"	24 #	350'	60/40 Poz	250	2% gel - 3% CaCl ₂
Production	7 7/8"	5 1/2"	14 #	4479'	ASC	250	

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
2	3098-108, 3119-29	750 gal 15% HCL w/NE	
2	4119'-4125'	& LoSurf	
	CIBP @ 3900'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 7/8	3432		
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
11-20-94				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	5	100	50	20000
				Gravity
				42

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACD-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 Production Interval: 3098'-3129' OA