

ORIGINAL

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

API NO. 15- 151-21,538001  
County Pratt  
W/2 SE- NW- Sec. 28 Twp. 26S Rge. 12 X <sup>E</sup> <sub>W</sub>

Operator: License # 9232

3300 Feet from S/W (circle one) Line of Section

Name: Timberline Oil & Gas Corporation 3630 Feet from E/W (circle one) Line of Section

Address 4447 S. Canyon Rd., Ste. 1  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

City/State/Zip Rapid City, SD 57702

Lease Name G. Hoeme Well # 13

Purchaser: Kansas Gas Supply

Field Name Tuka Carmi

Operator Contact Person: Brant C. Grote

Producing Formation Toronto

Phone (605) 341-3400

Elevation: Ground 1913 KB 1924

Contractor: Name: Basye Well Service

Total Depth 3699' PBTD \_\_\_\_\_

License: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ Feet

Wellsite Geologist: None

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Designate Type of Completion

If yes, show depth set \_\_\_\_\_ Feet

\_\_\_\_\_ New Well \_\_\_\_\_ Re-Entry X Workover

If Alternate II completion, cement circulated from \_\_\_\_\_

Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_ Temp. Abd.  
X Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
Dry \_\_\_\_\_ Other (Core, VSW, Expl., Cathodic, etc.) \_\_\_\_\_

foot depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cat.

Drilling Fluid Management Plan REWORK JH 7-13-94  
(Data must be collected from the Reserve Pit)

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

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Operator: Timberline Oil & Gas Corporation

Dewatering method used \_\_\_\_\_

Well Name: G. Hoeme 13

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Comp. Date 4/11/85 Old Total Depth 4402'

Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD \_\_\_\_\_  
X Plug Back 3699' PBTD \_\_\_\_\_  
Cemented \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Inj?) Docket No. \_\_\_\_\_

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

3-9-94 3-10-94

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W \_\_\_\_\_

~~Start~~ Date OF START Date Reached TD. 3-9-94 Completion Date OF 3-10-94  
WORKOVER

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 [Signature]

Title President Date 3-18-94

Subscribed and sworn to before me this 18<sup>th</sup> day of March 1994.

Notary Public Trudy K. Stelcer

Date Commission Expires 3/30/96

K.C.C. OFFICE USE ONLY  
F. \_\_\_\_\_ Letter of Confidentiality  
C. \_\_\_\_\_ Wireline Log  
C. \_\_\_\_\_ Geologist Report Received  
DISTRIBUTION: 3-28-94  
MAR 20 1994  
KCC \_\_\_\_\_ SWD/Rep \_\_\_\_\_ NGPA  
KGS \_\_\_\_\_ Other  
CONSERVATION DIVISION  
Wichita, Kansas

Operator Name Timberline Oil & Gas Lease Name G. Hoeme Well # 13  
 Corporation  
 East County Pratt  
 West  
 Sec. 28 Twp. 26S Rge. 12

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<br>(Attach Additional Sheets.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datums | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name                                    | Top                               | Datum                           |
| Cores Taken                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Toronto                                 | 3514                              |                                 |
| Electric Log Run<br>(Submit Copy.)                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Topeka                                  | 3165                              |                                 |
| List All E.Logs Run:                                  |                                                                     |                                         |                                   |                                 |

| 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 checked="" 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              | 3514-17                                                                                | 600g 15% HCL                                                                   |       |
| KCC<br>JH      | CAST IRON BRIDGE PLUG @ 3699'                                                          |                                                                                |       |
|                |                                                                                        |                                                                                |       |
|                |                                                                                        |                                                                                |       |

|               |        |        |            |           |                                                          |
|---------------|--------|--------|------------|-----------|----------------------------------------------------------|
| TUBING RECORD | Size   | Set At | Packers At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|               | 2 7/8" | 3250±  |            |           |                                                          |

|                                                |                  |                                                                                                                                              |
|------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 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) |
| 3-10-94                                        |                  |                                                                                                                                              |

|                                   |           |         |             |               |         |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravit. |
|                                   | 1         |         |             | 1000          | 38      |

|                                                                                                                                                |                                                                                                                                                                                                          |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Disposition of Gas:                                                                                                                            | METHOD OF COMPLETION                                                                                                                                                                                     | Production Interval |
| <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br>(If vented, submit ACO-18.) | <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input type="checkbox"/> Other (Specify) _____ | 3514'-3517'         |