

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 04570

Name: Samedan Oil Corporation

Address Suite 1020

3817 N.W. Expressway

City/State/Zip Oklahoma City, OK 73112

Purchaser: N/A

Operator Contact Person: Debbie Kerr

Phone (405) 942-8707

Contractor: Name: N/A

License: N/A

Wellsite Geologist: N/A

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSU, Expl., Cathodic, etc.)

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

Operator: Zinke & Trumbo, LTD

Well Name: Lola Wurdeman No. 1-31

Comp. Date 3/5/83 Old Total Depth 5900

Deepening Re-perf. Conv. to (Inj)/SWD

Plug Back PBD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or (Inj)) Docket No. E-26,993

11/18/94 N/AA 1/12/95

Spud Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 119-20,602 000 1

County Meade

NE NE NE Sec. 31 Twp. 33S Rng. 28 X E

4950 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 Mohler Unit Well # 16

Field Name N.E. Mohler

Inj. Producing Formation Morrow

Elevation: Ground 2354 KB 2383

Total Depth 5900 PBD 5818

Amount of Surface Pipe Set and Cemented at _____ 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 94-5-14-96
(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, 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 Debbie Kerr

Title Division Production Clerk Date 3/14/95

Subscribed and sworn to before me this 14th day of March, 19 95.

Notary Public Patricia K. Badry

Date Commission Expires 4-18-95

RECEIVED
STATE CORPORATION COMMISSION

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

MAR 18 1995

CONSERVATION DIVISION
WICHITA, KANSAS

Operator Name Samedan Oil Corporation

Lease Name Mohler Unit

Well # 16

Sec. 31 Twp. 33S Rge. 28
 East
 West

County Meade

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.)

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

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediates, 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 SPF	5608'-5650'	Acid treat w/3000 gals 7 1/2% FE acid w/one gal/M Clay Stay XP, one gal/M HUI60, 10 gal/1000 WS44 and 90 gal/M D100

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	2 3/8"	5559'	5559'					
Date of First, Resumed Production, SWD or (In)	Producing Method <input type="checkbox"/> Not producing <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)							
3/13/95								
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 ACD-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Injection

Production Interval: 5608'-5650'