

ORIGINAL

FORM MUST BE TYPED

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 # 30151
Name: Eason Drilling Co.
Address: Two W. Second St.

City/State/Zip Tulsa, Oklahoma 74105

Purchaser: A N R

Operator Contact Person: Jeff Ross

Phone (918) 583-1791

Contractor: Name: Same

License: 30151

Wellsite Geologist: N/A

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S/DW Temp. Abd.
 Gas ENHR S/GW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Eason Drilling Co.

Well Name: Adams #2-22A

Comp. Date 7-22-93 Old Total Depth 6550'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 3986' P/BTD
 Casing/led Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

3-31-81 3-30-81 4-27-81

Spud Date _____ Date Reached TD _____ Completion Date 7-22-93

APT NO. 15-119-20485000

County Meade

C NE NE Sec. 22 Twp. 34S Rge. 29 E
X W

660' Feet from 3/4 (circle one) Line of Section

610' Feet from 3/4 (circle one) Line of Section

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

Lease Name Adams Well # 2-22A

Field Name Horace South

Producing Formation Council Grove

Elevation: Ground 2481' KB 2490'

Total Depth 6550' P/BTD 3986'

Amount of Surface Pipe Set and Cemented at 1508 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
(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 [Signature]
Title District Engineer Date July 30, 1993

Subscribed and sworn to before me this 30 day of July 19 93.

Notary Public [Signature]
Date Commission Expires July 31, 1994

RECEIVED
STATE CORPORATION COMMISSION
8-2-93

K.C.C. OFFICE USE
F Letter of Confidentiality Acknowledged
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep REPA
 KGS Plug Other
(Specify)

P1

SIDE TWO

Operator Name Eason Drilling Co. Lease Name Adams Well # 2-22A
 Sec. 22 Twp. 34S Rge. 29 East County Meade
 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
N/A		

Correlation GR-CCL

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 Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Set CIBP @ 4000'	Dump 2 sxs cement	3896'
4	3054'-3058'	500gal 15% NEFE HCl	3054-58'
4	3215'-3219'	500gal 15% NEFE HCl	3215-19'
4	3254'-3258'	500gal 15% NEFE HCL	3254-58'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3037'	N/A	

Date of First, Resumed Production, SWD or Inj.	Producing Method
7-22-93	<input checked="" type="checkbox"/> Flowing <input 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
	0	400	15	0	

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: 3054'-3058'
3215'-3219'
3254'-3258'