

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 # 5428  
Name: Graves Drilling Co., Inc.  
Address P. O. Box 8250  
Wichita, KS 67208  
City/State/Zip Wichita, KS 67208  
Purchaser: Koch Oil Company  
Operator Contact Person: Fredrick W. Stump  
Phone (316) 687-2777  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_  
Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  S10W  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Graves Drilling Co., Inc.  
Well Name: Benefiel #2  
Comp. Date 10-26-83 Old Total Depth 4385'  
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back 3795' PBDT  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Inj?) Docket No. \_\_\_\_\_

9-1-92 Spud Date 9-2-92 Completion Date  
Date Reached TD \_\_\_\_\_

API NO. 15- 007-21,690 000 1  
County Barber  
- SE - NW - SW Sec. 35 Twp. 31S Rge. 12W X  
1650 Feet from SWK (circle one) Line of Section  
990 Feet from X/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)  
Lease Name Benefiel Well # 2  
Field Name \_\_\_\_\_  
Producing Formation Mississippi  
Elevation: Ground 1567' KB 1578'  
Total Depth \_\_\_\_\_ PBDT \_\_\_\_\_  
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/ \_\_\_\_\_ ex cat.

Drilling Fluid Management Plan OHWO QR  
(Data must be collected from the Reserve Pit) 10-17-92  
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 Fredrick W. Stump  
Title Geologist Date 9-3-92

Subscribed and sworn to before me this 3rd day of September, 19 92.

Notary Public Phyllis A. Freeman

DATE COMMISSION EXPIRES 9-94  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appl. Exp. 6-9-94

RECEIVED  
STATE CORPORATION COMMISSION  
K.C.C. OFFICE USE ONLY SEP 8 1992  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
Distribution  
 KCC  SVD/Rap  NEPA  
 KGS  Plug  Other  
(Specify)

SIDE TWO

Operator Name Graves Drilling Co., Inc. Lease Name Benefiel Well # 2  
 Sec. 35 Twp. 31S Rge. 12W  East  West  
 County Barber

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

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
2 shots	3701'-3701½'		none	
2 shots	3701½'-3702'			

TUBING RECORD      Size 2"      Set At 3673.75      Packer At      Liner Run  Yes  No

Date of First, Resumed Production, SWD or Inj. 9-2-92      Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours      Oil 0 Bbls.      Gas 100 Mcf      Water 0 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.  Other (Specify)

Production Interval:  Commingled