

SIDE ONE

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- 129-21, 081-00-00

County Morton ✓
NW NW NW Sec. 18 Twp. 33S Rge. 41 East
West

Operator: License # 5263

4950 ✓ Ft. North from Southeast Corner of Section

Name: Midwestern Exploration

4950 ✓ Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Address P. O. Box 1884

Lease Name Davis ✓ Well # 1-18

City/State/Zip Liberal, KS 67905

Field Name Borth

Producing Formation St. Louis

Purchaser: _____

Elevation: Ground 3454' KB 3466'

Operator Contact Person: Harold K. Frauli

Total Depth 5,700' PBDT _____

Phone (316) 624-8388

Contractor: Name: H-40 Drilling, Inc.

License: 30692

Wellsite Geologist: Joe Blair

Designate Type of Completion
 New Well Re-Entry Workover

Oil SMD Temp. Abd.
 Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows:
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

6-12-91 6-22-91 6-23-91
Spud Date Date Reached TD Completion Date

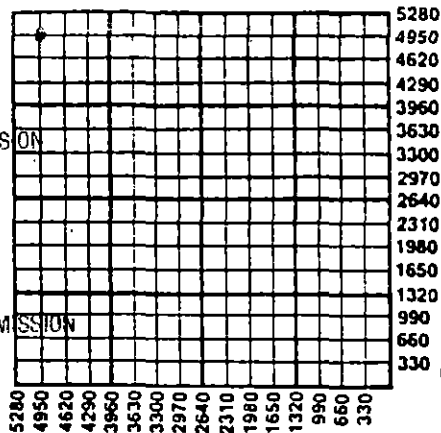
Amount of Surface Pipe Set and Cemented at 1482 Feet
Wichita, Kansas

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 cmt.



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JUL 29 1991

6-18-93

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Harold K. Frauli

Title Agent Date July 12, 1991

Subscribed and sworn to before me this 12 day of July, 1991.

Notary Public Amy D. Frauli

Date Commission Expires July 1, 1995

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

NOTARY PUBLIC, State of Kansas
AMY D. FRAULI
My Appt. Exp. 7-1-95

CEMENTING SERVICE REPORT



TREATMENT NUMBER 0312-3834 DATE 6/12/91
 STAGE DS DISTRICT DUSSES KS

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

WELL NAME AND NO. Case # 1-18
 LOCATION (LEGAL) Sec 18-332-41W
 FIELD POOL Hickory
 FORMATION surf.
 COUNTY/PARISH Monter
 STATE Kansas API. NO.

RIG NAME: 1140 #
 WELL DATA: 12 1/4 BIT SIZE CSG/Liner Size 8 7/8 BOTTOM TOP
 TOTAL DEPTH 1489 WEIGHT 21
 ROT CABLE FOOTAGE 1489
 MUD TYPE GRADE
 BHST BHCT THREAD 8 1/4
 MUD DENSITY LESS FOOTAGE SHOE JOINT(S) 43 TOTAL
 MUD VISC. Disp. Capacity 1446 92.1

NAME Midwestern Exp Co
 AND
 ADDRESS
 ZIP CODE

NOTE: Include Footage From Ground Level To Head In Disp. Capacity
 Final TYPE Auto fill (1140) mud TYPE
 DEPTH 1446 DEPTH
 Stage Tool TYPE
 DEPTH 1489 DEPTH

SPECIAL INSTRUCTIONS
Provide materials & services to
SOIL CMT 8 7/8 SURFACE Casing

Head & Plugs TBG D.P. SQUEEZE JOB
 Double SIZE TOOL TYPE
 Single WEIGHT DEPTH
 Swage GRADE TAIL PIPE: SIZE DEPTH
 Knockoff THREAD TUBING VOLUME
 TOP OR NEW USED CASING VOL. BELOW TOOL
 BOT OR DEPTH TOTAL
 ANNUAL VOLUME

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE 612 PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 500 PSI BUMP PLUG TO 250 PSI
 ROTATE — RPM RECIPROCATE — FT No. of Centralizers 3

JOB SCHEDULED FOR TIME: 1300 DATE: 6/13/91 ARRIVE ON LOCATION TIME: 1300 DATE: 6/13/91 LEFT LOCATION TIME: 2300 DATE: 6/13/91

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0001 to 2400								
21:25	200	40	1	—	1	160	8.33	PRE-JOB SAFETY MEETING 2psi Test done
21:37	NH	40	10	—	6.2	160	8.33	1/20 ahead
21:40		60	194	—	6.3	cm1	12.2	Start head cmt
22:10		100	35	—	6.2	cm1	14.8	Start tail cmt
22:18		0	—	—	0	—	—	Shutdown, Drop plug
22:19		20	—	—	6.4	160	8.33	Displace
22:20		320	82	—	2.1	160	8.33	Lower pump Rt.
22:35		800	92.9	—	1.1	160	8.33	Bump plug
22:35	0	0	0	—	0	160	8.33	Release psi
22:36								Job done

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 Cl. ... Division
 Wichita, Kansas

REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED			
					BBLs	DENS		
1	500	2.1	35% 105 702/K	+ 60% C80	+ 0% 21	+ 1/4" BK C85	194.4	12.
2	120	1.38	C120C	+ 20% 21	+ 1/4" BK C85		35.2	14.
3								
4								
5								
6								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. 850 MIN. 0
 HESITATION SQ RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 55
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL 92.1 Bbls TYPE OF WELL OIL GAS STORAGE INJECTION BRINE WATER WILDCAT
 Washed Thru Perfs YES NO TO FT MEASURED DISPLACEMENT WIRELINE
 PERFORATIONS TO TO CUSTOMER REPRESENTATIVE Harold Pauli DS SUPERVISOR Greg Black

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	03-12-5872	DATE	6-23-91
STAGE	DS	DISTRICT	ULYSSES KS

DS 496 PRINTED IN U.S.A.

WELL NAME AND NO <i>Davis #1-18</i>	LOCATION (LEGAL) <i>SEC 18-335-41W</i>	RIG NAME: <i>H-40 Rig #17</i>
FIELD-POOL	FORMATION	WELL DATA: BOTTOM TOP
COUNTY/PARISH <i>Worton</i>	STATE <i>Kansas</i>	API NO.
NAME <i>M. WESTERN</i>	AND	
ADDRESS		
ZIP CODE		

BIT SIZE	CSG/Liner Size				
TOTAL DEPTH	WEIGHT				
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE				
MUD TYPE	GRADE				
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD				
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)				TOTAL
MUD VISC.	Disp. Capacity				

SPECIAL INSTRUCTIONS
*Furnish Equipment + Materials
Free Plug to Abandon*

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)

PRESSURE LIMIT PSI BUMP PLUG TO PSI

ROTATE RPM RECIPROCATATE FT No. of Centralizers

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Float	TYPE		TYPE	
	DEPTH		DEPTH	
Stage Tool	TYPE		TYPE	
	DEPTH		DEPTH	

Head & Plugs TBG D.P. SQUEEZE JOB

Double SIZE *4 1/2* TOOL TYPE

Single WEIGHT *16.60* DEPTH

Swage GRADE TAIL PIPE: SIZE DEPTH

Knockoff THREAD TUBING VOLUME Bbl

TOP OR W NEW USED CASING VOL BELOW TOOL Bbl

BOT OR W DEPTH *2800* TOTAL Bbl

ANNUAL VOLUME Bbl

JOB SCHEDULED FOR TIME *ASAP* DATE *6-23-91* ARRIVE ON LOCATION TIME *0230* DATE *6-23-91* LEFT LOCATION TIME *0945* DATE *6-23-91*

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE
0001 to 2400											
0402	200	10			5	F/H ₂ O	8.33				
0404	150	30	10		5	CMT	13.6				
0410	-	3 1/2	40		5	F/H ₂ O	8.33				
0410	-		28 1/2	43 1/2	6	Mud	9.0				
0415	-			72							
0507	150	10			3	F/H ₂ O					
0510	150	15	10		4	CMT					
0514	-	3 1/4	25		4	F/H ₂ O					
0514	-		14.7	28 1/4	3	Mud					
0517	-			42.9							

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REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1	235	1.69	40/40	(14/202) + 6% D ₂ O		13.6
2						
3						
4						
5						
6						

BREAKDOWN FLUID TYPE	VOLUME		DENSITY	PRESSURE	MAX	MIN
HESITATION SO	RUNNING SO	CIRCULATION LOST	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf	<input type="checkbox"/> YES <input type="checkbox"/> NO	Bbls
BREAKDOWN PSI	FINAL PSI	DISPLACEMENT VOL	Bbls	TYPE OF WELL	<input type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER	<input type="checkbox"/> GAS <input type="checkbox"/> INJECTION <input type="checkbox"/> WILCOAT
Washed Thru Peris <input type="checkbox"/> YES <input type="checkbox"/> NO	TO FT	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> WIRELINE			
PERFORMATIONS	CUSTOMER REPRESENTATIVE		DS SUPERVISOR			
TO 10	TO 10	<i>John Swinn</i>	<i>Greg Grenvik</i>			