

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACC-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: NA
Operator Contact Person: Debbie Kerr

Phone: (405) 942-8707

Contractor: Name: Jet Well Service

License: _____

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

*Enhanced Recovery Injection Well

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

Operator: Imperial Oil

Well Name: #1 Flora E. Patton

Comp. Date: 1/16/73 Old Total Depth: 5870'

Deepening Re-perf. Conv. to (In) SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or (In)) Docket No. E-27,163

5-9-96 5-10-96

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

API NO. 15- 119-20114-0001
County: Meade
C NE SW Sec. 6 Twp. 33S Rgd. 29 ^E _V

1980 Feet from (S) (circle one) Line of Section
1980 Feet from (N) (circle one) Line of Section

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

Lease Name: Angell Unit Well # 4

Field Name: Angell Field

Ini. Producing Formation: Morrow

Elevation: Ground 2709 KS 2719

Total Depth 5870 PSTD 5816

Amount of Surface Pipe Set and Cemented at 1557 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 OK 1-8-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____
RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name: 6-5-96

Lease Name: _____ License No. _____
JUN 05 1996

Quarter Sec. Twp. CONSERVATION DIVISION

County: _____ Docket No. _____
WICHITA, KS

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: 5/29/96

Subscribed and sworn to before me this 29th day of May 19 96.

Notary Public: Karen Lennox

Date Commission Expires: March 16, 1999

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

Operator Name Samedan Oil Corporation Lease Name Angell Unit Well # 4
 Sec. 6 Twp. 33S 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 _____

CASING RECORD <input checked="" 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
Surface		8 5/8"		1557'	50/50 poz Common	450 200	2% CC
Production		5 1/2"		5862'	Common	125	

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
4 SPF	5725'-5760'	2450 gals 7 1/2" Pento 100 HCL

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	5678'	5678'	

Date of First, Resumed Production, SWD or (inj)	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
5/23/96	

Estimated Production Per 24-Hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	Injecting 1550 BPD on vacuum.				

Disposition of Gas: NA METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Vented Sold Used on Lease (If vented, submit ACO-18.)

Production Interval Inj. interval 5725'-5760'