

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 # 3795

Name: The South Forty

Address RR #1 Box #118

Laverne, Oklahoma

City/State/Zip 73848

Purchaser: _____

Operator Contact Person: Allen Barby

Phone (405) 921-3366

Contractor: Name: Diamond Trucking Inc.

License: 3760

Wellsite Geologist: _____

Designate Type of Completion
Lost Hole New Well _____ Re-Entry _____ Workover _____

Oil SWD Temp. Abd. _____
 Gas Inj Delayed Comp. _____
 Dry Other (Core, Water Supply, _____)

If **OWHO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary _____ Air Rotary _____ Cable _____

4-3-90 4-8-90 Plugged 4-8-90

Spud Date Date Reached TD Completion Date

API NO. 15- 15-119-20,809-00-00

County Meade

CS 1/2 S 1/2 SW 1/4 Sec. 20 Twp. 34 Rge. 27 X East West

330 Ft. North from Southeast Corner of Section

3960 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

Lease Name BARBY Well # 2-20

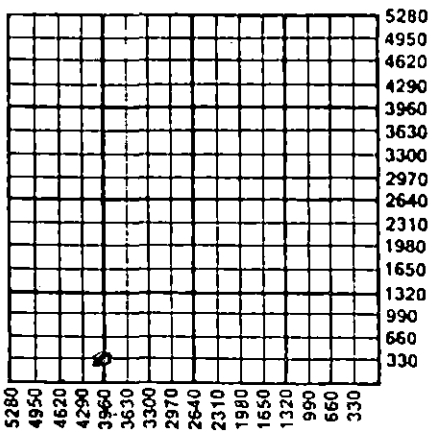
Field Name Johan

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 573' PBDT _____

5-10-90
STATE CORPORATION COMMISSION
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AGT 1

Amount of Surface Pipe Set and Cemented at 501 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 cmt.

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 Frank Bradford
Title Agent Date 5-8-90

Subscribed and sworn to before me this 8th day of May, 1990.

Notary Public Karen J. Parnell

Date Commission Expires 10-9-93

KAREN J. PARNELL
Notary Public - State of Kansas
My Appt. Expires 10-9-93

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)

ORIGINAL

SIDE TWO

Operator Name The South Eorty Lease Name BARBY Well # 2-20
 Sec. 20 Twp. 34 Rge. 27 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description <input type="checkbox"/> Log <input type="checkbox"/> Sample Name _____ Top _____ Bottom _____ <u>LOST HOLE @ 5731</u>
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
SURFACE		7 5/8"	28	501	Comm	210	cc & ce110
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size	Set At	Packer At					
Date of First Production	Producing Method <input 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		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) PLUGGED LOST HOLE

Production Interval _____

ORIGINAL

WESTERN PETROLEUM SERVICES
CEMENTING REPORT

DATE 4-8-90 DISTRICT WOODWARD (19) F.R.# 128982
 OPERATOR South Forty
 WELL NAME & NUMBER Barby #2-20
 LOCATION: SEC. 20 - BLOCK OR TOWNSHIP 34S SURVEY OR RANGE 27W
 COUNTY Clark STATE Kansas
 STAGE NUMBER _____ TYPE JOB Plug

ORIGINAL

Size	Weight	Disp	Conductor	Surface	Int.	Prod.	Liner
Perforated Interval	Size						
Pkr. Type	Weight						
Open Hole Size	Thread						
Stage Collar Type	Capacity						
Estimated Wash Out %	Depth						

Sacks or Bbls.	Composition of Cement and Spacer	Gals/sk H ₂ O	Weight Lb/Gal	Yield Ft 3	Pump Time Hours	TOTAL Cu. Ft.	TOTAL Bbls.
60 SKS	50/50 POZ + 2% Gel + 3% CaCl ₂	5.51	14.5	1.22	2:00	73.2	10.8
	2nd Plug						
15 SKS	Class H	5.2	15.6	1.18	2:00	17.7	3.1

Total Mix H₂O 6.5 Bbls. Total Displacement 2 Bbls, Type Water Total Products 13.9 Bbls

Time	Remarks	Bottom Plug	Rate	Pressure	
				Tubing D.P.	Casing
5:30	Ran 5 bbls. Water Ahead		3	50	
5:35	Mixed Cement		2	50	
5:39	Ran 1/2 bbl. Water Behind		1	50	
5:40	Ran 1 bbl. Mud		1	50	
		Top Plug			
10:45	Mixed 10 SKS Cement		1		50
10:50	Ran 1 1/2 bbls. Water		1		50

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 MAY 10 1990
 CONSERVATION DIVISION
 Wichita, Kansas

Break Down At _____ BPM At _____ PSI
 Squeezed To _____ PSI Running _____ Hesitation _____
 Reversed out _____ BBL Slurry at _____ PSI
 Customer considered service _____ Satisfactory _____
 _____ Unsatisfactory _____
 Customer Rep: Alan Barby
 Max Pressure _____ Differential Press. _____
 Bumped Plug Yes _____ No _____ Pressure to _____
 Cmt. Circ. to surface _____ Sacks _____
 Float Held _____ Yes _____ No _____
 Shut in with _____ PSI
 Service Supervisor Jerry Dailey