

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- 097-21-297 -00-01

County KIOWA

200' N. - NW - SW Sec. 22 Twp. 28S Rge. 20 E W

2180 Feet from N (circle one) Line of Section
4620 Feet from W (circle one) Line of Section

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

Lease Name ALDRICH Well # ONE

Field Name WILDCAT

Producing Formation LANSING

Elevation: Ground 2298 KB 2311

Total Depth 5600 PBDT 5600 5280 6230

Amount of Surface Pipe Set and Cemented at 465 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.

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. _____

Operator: License # 4243

Name: CROSS BAR PETROLEUM, INC.

Address P.O. BOX 20080

City/State/Zip WICHITA, KANSAS 67208

Purchaser: TEXACO

Operator Contact Person: ALBERT BRENSING

Phone (316) 799-2933

Contractor: Name: EAGLE DRILLING STATE CORPORATION

License: 5380

Wellsite Geologist: ALBERT BRENSING

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.
 Gas ENHR S16W
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: CROSS BAR PETROLEUM, INC.

Well Name: ALDRICH NO. 1

Comp. Date 05-06-91 Old Total Depth 5600

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

11-7-90 11-17-90 12-5-90
Spud Date Date Reached TD Completion Date

RECEIVED

SEP 04 1991

WICHITA, KANSAS

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 Albert Brensing

Title PRESIDENT Date 08-31-91

Subscribed and sworn to before me this 31ST day of AUGUST, 1991.

Notary Public Treva Brensing

Date Commission Expires 11-21-93

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"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

TREVA BRENSING
Notary Public - State of Kansas
My Appt. Expires 11-21-93

Operator Name CROSS BAR PETROLEUM, INC.

Lease Name ALDRICH

Well # ONE

Sec. 22 Twp. 28S Rge. 20

East

County KIOWA

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANHY		+1071
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEB		-1814
List All E.Logs Run:		LANS		-1983
		MISS		-2594
		ARB		-3235

****ALL DATA SUBMITTED ON ORIGINAL ACO-1****

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12 1/4"	8 5/8"	28 LB	465	LIGHT	150	3%CC
					STND, POZ	100	3%CC, 2%GEL
PRODUCTION	7 7/8"	5 1/2"	14--15.5	5565	STND, LGT	150	3%CC, 2%GEL
					POZ	100	2%GEL

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
	*****ALL	PREVIOUS DATA SUBMITTED ON ORIGINAL		ACO-1*****
	SET RETR. BP		SET RETR. BP 4500'	
4SPF	PERF 4327-4337'		750 GAL DSFE ACID 4327-4337'	
			3000 GAL FE ACID 4327-4337'	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	4340'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
5-10-91 RESUMED PRODUCTION	<input type="checkbox"/> Flowing <input checked="" 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
	3	-0-	5		39

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: 4327-4337'