

ORIGINAL SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 119-20,837-0000

County Meade East

W 1/2 NW SE Sec. 12 Twp. 33S Rge. 26 West

1980 Ft. North from Southeast Corner of Section

2310 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Pyle Well # 3-12

Field Name Cash City

Producing Formation None

Elevation: Ground 2229 KB 2241

Total Depth 6014 PBTD 6014

Operator: License # 30772

Name: K.A. Townsend

Address P.O. Box 5661

City/State/Zip Norman, OK. 73070-5661

Purchaser: None

Operator Contact Person: Ken Townsend

Phone (405) 329-5864

Contractor: Name: Trans-Pac Drilling, Inc.

License: 5841

Wellsite Geologist: Ken Townsend

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

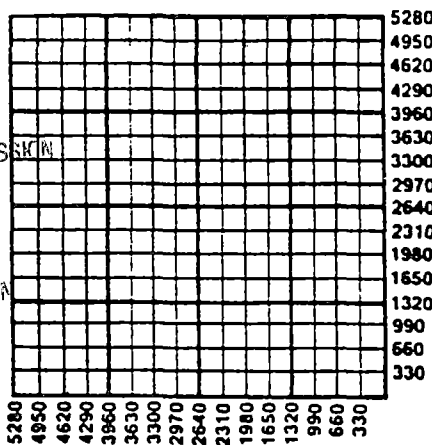
8-21-91 8-31-91 9-1-91

Spud Date Date Reached TD Completion Date

RECEIVED
STATE CORPORATION COMMISSION

NOV 14 1991

CONSERVATION DIVISION
Wichita, Kansas



Alt 070

Amount of Surface Pipe Set and Cemented at 208 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 K.A. Townsend

Title Operator Date 11-5-91

Subscribed and sworn to before me this 5 day of November, 1991.

Notary Public [Signature]

Date Commission Expires 2-9-93

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)

PI

SIDE TWO

Operator Name K.A. Townsend Lease Name Pyle Well # 3-12

Sec. 12 Twp. 33S Rge. 26 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 Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)

Name	Formation Description	
	Top	Bottom
Heebner	4310	4316
Toronto	4402	4423
Lansing	4484	4584
Kansas City	4584	5070
Marmaton	5084	5260
Mississippian	5512	6014

CASING RECORD New 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	14 1/2	10 3/4"	32	208'	60/40 Pos	175	3%CaCl/2%gel

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production Producing Method Flowing Pumping Gas Lift 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) _____ Production Interval _____