

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

API NO. 15- 095-21.697-0000 ORIGINAL

County Kingman

 - NW - SE - SE Sec. 25 Twp. 29S Rge. 9 X W

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

900 Feet from (E)W (circle one) Line of Section

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

Lease Name Magill B Well # 1

Field Name Willowdale SE

Producing Formation Mississippi

Elevation: Ground 1640 KB 1648

Total Depth 4300 PBDT 4298

Amount of Surface Pipe Set and Cemented at 232 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 ALT 1 87 11-17-95
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used Remove free water, evaporation

Location of fluid disposal if hauled offsite:

Operator Name Rice Engineering Co.

Lease Name Wingate Disposal License No. 05006

 Quarter Sec. 1 Twp. 31 S Rng. 9 W

County Harper Docket No. G-7900

Operator: License # 5042

Name Edmiston Oil Company, Inc.

Address 125 N. Market, Ste. 1310

City/State/Zip Wichita, Kansas 67202

Purchaser: Wichita Industrial Energy Corp.

Operator Contact Person: Jon M. Callen

Phone (316) 265-5241

Contractor: Name: Duke Drilling

License: 5929

Wellsite Geologist: Max R. Lovely

Designate Type of Completion
 New Well Re-Entry Workover

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

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

Operator:

Well Name:

Comp. Date Old Total Depth

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

10/12/94 10/21/94 11/15/94
Spud Date Date Reached TD Completion Date

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. 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 Jon M. Callen
Title President Date 12/7/94

Subscribed and sworn to before me this 12th day of December 19 94.
Notary Public Max R. Lovely
Date Commission Expires 5/16/98

NOTARY PUBLIC - State of Kansas
MAX R. LOVELY
My Appl. Exp. 5/16/98

RECEIVED
KANSAS CORPORATION COMMISSION
OFFICE USE ONLY
Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SUD/Rep NGPA
 KGS Plug Other (Specify)

Operator Name Edmiston Oil Company, Inc.

Lease Name Magill B

Well # 1

Sec. 25 Twp. 29 Rge. 9

East
 West

County Kingman

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:
Dual Induction
Compensated Density
Correlation

Name	Formation (Top), Depth and Datum		Sample
	SAMPLE Top	LOG Datum	
Heebner	3297 (-1649)	3297 (-1649)	
Swope	3913 (-2265)	3913 (-1649)	
Hertha	3950 (-2302)	3950 (-2302)	
Wea. Miss.	4208 (-2560)	4211 (-2563)	
Miss. Chert	4214 (-2566)	4214 (-2566)	
Total Depth	4300 (-2652)	4299 (-2651)	

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	20	232	60/40 Poz	150	2%gel, 3%cc
Production	7 7/8	4 1/2	9.5	4297	50/50 Poz	300	2%gel, & 5#KOL-SEAL/sx

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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	
	4	4212 - 4222		500 gal. 7.5% Fe acid
			Frac. with: 18,000# 20/40 sd	4222
			8,000# 12/20 sd	
			457,000 scf nitrogen	

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

Date of First, Resumed Production, SWD or Inj. N/A 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 Perf. Dually Comp. Commingled Other (Specify)

Production Interval 4212-4222

P. O. BOX 1599 PHONE (316) 262-8861 WICHITA, KANSAS 67201

Elevation 4640' Formation MISSISSIPPI Eff. Pay _____

District PRATT Date 10-18-94 Customer Order No. _____

COMPANY NAME Edmiston Oil Co. ADDRESS 125 N. Market #1310 Wichita KS 67202 LEASE AND WELL NO. Mag. 11 "B" #1 COUNTY Kingman STATE KS Sec. 25 Twp 29 Rge. 8

Mall Invoice To _____ Co. Name _____ Address _____ No. Copies Requested _____ Mall Charts To _____ Co. Name _____ Address _____ No. Copies Requested _____

Formation Test No. 1 Interval Tested From 4210 ft. to 4225 ft. Total Depth 4225 ft. Packer Depth 4205 ft. Size 6 7/8 in. Packer Depth 4210 ft. Size 6 7/8 in. Depth of Selective Zone Set _____ Top Recorder Depth (Inside) 4215 ft. Recorder Number 4339 Cap 4300 Bottom Recorder Depth (Outside) 4218 ft. Recorder Number 1566 Cap 4300 Below Straddle Recorder Depth _____ Recorder Number _____ Cap _____ Drilling Contractor Duke #1 Drill Collar Length _____ I. D. _____ in. Mud Type CHEMICAL Viscosity 75 Weight Pipe Length _____ I. D. _____ in. Weight 9.3 Water Loss 12.8 cc. Drill Pipe Length 4189 I. D. 3.8 in. Chlorides 11,000 P.P.M. Test Tool Length 21 ft. Tool Size 5/2 in. Jars: Make _____ Serial Number _____ Anchor Length 15 ft. Size 5/2 in. Did Well Flow? _____ Reversed Out _____ Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in. Main Hole Size 7/8 in. Tool Joint Size 4 1/2 in.

Blow: GAS TO SURFACE IN 2 MINUTES

Recovered _____ ft. of 1462 MCFD THRU 1 1/4 INCH ORIFICE Recovered 110 ft. of MUDDY WATER Recovered _____ ft. of 20% MUD 80% SALT WATER Recovered _____ ft. of _____ Recovered _____ ft. of _____ Chlorides 53000 P.P.M. Sample Jars Used _____ Remarks: _____

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NOV 17 1995

Time On Location 7:15 A.M. Time Pick Up Tool 8:00 A.M. Time Off Location _____ A.M. P.M. Time Set Packer(s) 10:00 A.M. Time Started Off Bottom 1:45 A.M. P.M. Maximum Temperature _____ P.M. Initial Hydrostatic Pressure (A) 2244 P.S.I. Initial Flow Period 30 Minutes (B) 454 P.S.I. to (C) 454 P.S.I. Initial Closed In Period 45 Minutes (D) 1265 P.S.I. Final Flow Period 60 Minutes (E) 522 P.S.I. to (F) 465 P.S.I. Final Closed In Period 90 Minutes (G) 1265 P.S.I. Final Hydrostatic Pressure (H) 2179 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made. All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature] Signature of Customer or his authorized representative

Western Representative STUART STOVER

Thank you!

FIELD INVOICE

Open Hole Test \$600.00 Miscrun \$ Straddle Test \$ Jars \$ Selective Zone \$ Safety Joint \$ Standby \$ Evaluation \$ Extra Packer \$ Circ. Sub. \$ Mileage \$ Fluid Sampler \$ Extra Charts \$ Insurance \$ Telecopier \$ TOTAL \$



ORIGINAL

GAS FLOW REPORT

No. 1175

Date 10-18-94 Ticket 20964 Company Edmiston O.I.
 Well Name and No. Magill "B" #1 Dst No. 1 Interval Tested 4210-25
 County Kingman State KANSAS Sec. 25 Twp. 29 Rg. 9

Time Gauge in Min.	P.S.I. on Meria Orifice Well Tester	Size of Orifice	P.S.I. on Pitot Tester	P.S.I. on Side Static Tester	Description of Flow
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PRE FLOW

GAS TO SURFACE IN 2 MINUTES

5	14	1 1/4 inch			980 MCFD
10	19				1187
20	22				1316
30	23				1346

SECOND FLOW

10	25	1 1/4 inch			1421 MCFD
20	27				1506
30	26				1462
40	26				1462
50	26				1462
60	26				1462

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KANSAS CORPORATION COMMISSION

NOV 17 1995

CONSERVATION DIVISION
WICHITA, KS

GAS BOTTLE

Serial No. _____ Date Bottle Filled _____ Date to be Invoiced _____

Requisition and Provisions for high pressure stainless steel gas bottles. Western Testing Co., Inc. shall not be liable for damage of any kind to property or personnel of the one whom gas bottle is filled or for any loss suffered or sustained directly or indirectly through the use of these bottles. By signing of this ticket showing receipt of a gas testing bottle, the undersigned agree for himself and as agent for operator, to return this bottle to Western Testing Co., Inc. within thirty (30) days free of charge or be invoiced in the amount of \$75.00 (total charge). Should valve or seal plug be missing or damaged beyond repair, operator shall be invoiced for repairs at our invoiced price.

All charges subject to 1 1/2% per month, equal to 18% interest per annum after 30 days from date of invoice. Any expense incurred for collection will be added to the original amount.

COMPANY'S NAME _____

Authorized by _____

WICHITA, KANSAS 67201

District Pratt Date 10-19-94 Customer Order No. _____

COMPANY NAME Edmiston Oil Co

ADDRESS 125 N. Market #1310 Wichita KS 67202

LEASE AND WELL NO. Magill B #1 COUNTY Kingman STATE KS Sec 25 Twp 29 Rge 9W

Mail Invoice To Same No. Copies Requested _____

Co. Name _____ Address Same No. Copies Requested _____

Mail Charts To _____ Address ORIGINAL No. Copies Requested _____

Formation Test No. 2 Interval Tested From 4225 ft. to 4251 ft. Total Depth 4251 ft.

Packer Depth 4220 ft. Size 6 3/8 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 4225 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4230 ft. Recorder Number 4339 Cap. 4300

Bottom Recorder Depth (Outside) 4233 ft. Recorder Number 1516 Cap. 4300

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____

Drilling Contractor Duke #5 Drill Collar Length _____ I. D. _____ in.

Mud Type Chemical Viscosity 50 Weight Pipe Length _____ I. D. _____ in.

Weight 7.3 Water Loss 128 cc. Drill Pipe Length 4204 I. D. 3.5 in.

Chlorides 11,000 P.P.M. Test Tool Length 21 ft. Tool Size 5 1/2 in.

Jars: Make _____ Serial Number _____ Anchor Length 26 ft. Size 5 1/2 in.

Did Well Flow? _____ Reversed Out _____ Surface Choke Size 3 1/4 in. Bottom Choke Size 3 1/4 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 x 14 in.

Blow: lets in 15 minutes

Recovered _____ ft. of 40.7 mcf @ thru 1/4 inch orifice

Recovered _____ ft. of 360 ft. of muddy salt water 10% mud

Recovered _____ ft. of 90% water

Chlorides 100,000 P.P.M. Sample Jars used _____ Remarks: _____

Time On Location 11:30 A.M. Time Pick Up Tool 12:00 A.M. Time Off Location _____ A.M.

Time Set Packer(s) 2:00 P.M. Time Started Off Bottom 5:45 P.M. Maximum Temperature 116°

Initial Hydrostatic Pressure _____ (A) 2198 P.S.I.

Initial Flow Period _____ Minutes 30 (B) 125 P.S.I. to (C) 113 P.S.I.

Initial Closed In Period _____ Minutes 45 (D) 1243 P.S.I.

Final Flow Period _____ Minutes 60 (E) 181 P.S.I. to (F) 204 P.S.I.

Final Closed In Period _____ Minutes 90 (G) 1276 P.S.I.

Final Hydrostatic Pressure _____ (H) 2113 P.S.I.

COMPANY TERMS

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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By Walter H. Stover Signature of Customer or his authorized representative

Western Representative STUART STOVER

THANK YOU

FIELD INVOICE

Open Hole Test	\$ 600.00
Mistrun	\$ _____
Straddle Test	\$ _____
Jars	\$ _____
Selective Zone	\$ _____
Safety Joint	\$ _____
Standby	\$ _____
Evaluation	\$ _____
Extra Packer	\$ _____
Circ. Sub.	\$ _____
Seepage	\$ _____
Fluid Sampler	\$ _____
Extra Charts	\$ _____
Insurance	\$ _____
Telecopier	\$ _____
TOTAL	\$ _____

RECEIVED

NOV 7 1994

CONSERVATION DIVISION WICHITA, KS



ORIGINAL
No. 1176

GAS FLOW REPORT

Date 10-19-94 Ticket 20965 Company Edmiston Oil
Well Name and No. Magill B #1 Dst No. 2 Interval Tested 4225-51
County Kingman State KANSAS Sec. 25 Twp. 29 Rg. 9

Time Gauge in Min.	P.S.I. on Merla Orifice Well Tester	Size of Orifice	P.S.I. on Pitot Tester	P.S.I. on Side Static Tester	Description of Flow
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PRE FLOW

GTS IN 15 MINUTES

20	2.0	1/4 inch			12.7 MCFD
30	6.0				22.9

SECOND FLOW

10	14.0	1/4 inch			32.6 MCFD
20	14.0				32.6
30	14.0				32.6
40	14.0				32.6
50	16.0				40.9
60	16.0				40.9

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NOV 17 1995

CONSERVATION DIVISION
WICHITA, KS

GAS BOTTLE

Serial No. _____ Date Bottle Filled _____ Date to be Invoiced _____

Requisition and Provisions for high pressure stainless steel gas bottles. Western Testing Co., Inc. shall not be liable for damage of any kind to property or personnel of the one whom gas bottle is filled or for any loss suffered or sustained directly or indirectly through the use of these bottles. By signing of this ticket showing receipt of a gas testing bottle, the undersigned agrees for himself and as agent for operator, to return this bottle to Western Testing Co., Inc. within thirty (30) days free of charge, or be invoiced in the amount of \$75.00 (total charge). Should valve or seal plug be missing or damaged beyond repair, operator shall be invoiced for repairs at our invoiced price.

All charges subject to 1 1/2% per month, equal to 18% interest per annum after 30 days from date of invoice. Any expense incurred for collection will be added to the original amount.

COMPANY'S NAME _____

Authorized by _____



FORMATION TESTING

TICKET No 20966

P. O. BOX 1599 WICHITA, KANSAS 67201 PHONE (316) 262-5861

Elevation 11640.66 Formation Herta Eff. Pay Ft.

District PRATT Date 10-21-94 Customer Order No.

COMPANY NAME Edmiston Oil Co.

ADDRESS 125 N. Market #1310 Wichita KS 67202

LEASE AND WELL NO. Magill B #1 COUNTY KINGMAN STATE KS Sec 25 Twp 29 Rge 9

Mail Invoice To Same Co. Name Address No. Copies Requested

Mail Charts To Same ORIGINAL Address No. Copies Requested

Formation Test No. 3 Interval Tested From 3936 ft. to 3966 ft. Total Depth 4300 ft.

Packer Depth 3936 ft. Size 1.578 in. Packer Depth 3966 ft. Size 1.578 in.

Packer Depth 3936 ft. Size 1.578 in. Packer Depth ft. Size in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3940 ft. Recorder Number 4339 Cap. 4300

Bottom Recorder Depth (Outside) 3963 ft. Recorder Number 13521 Cap.

Below Straddle Recorder Depth 4300 ft. Recorder Number 15460 Cap. 4300

Drilling Contractor DRC #1 Drill Collar Length I. D. in.

Mud Type Chemical Viscosity Weight Pipe Length I. D. in.

Weight Water Loss cc. Drill Pipe Length 3915 I. D. 3.8 in.

Chlorides P.P.M. Test Tool Length 21 ft. Tool Size 5/2 in.

Jars: Make Serial Number Anchor Length 30 ft. Size 5/2 in.

Did Well Flow? Reversed Out Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 7/8 in. Tool Joint Size 4 1/2 x 14 in.

Blow: Weak For 3 minutes

Recovered 10 ft. of Dalg mud

Recovered ft. of

Recovered ft. of

Recovered ft. of

Recovered ft. of

Chlorides P.P.M. Sample Jars used Remarks:

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NOV 17 1995

Time On Location 11:00 A.M. Time Pick Up Tool 12:30 P.M. CONSERVATION DIVISION WICHITA, KS A.M. P.M.

Time Set Packer(s) 3:15 P.M. Time Started Off Bottom 5:45 P.M. Maximum Temperature

Initial Hydrostatic Pressure (A) P.S.I.

Initial Flow Period Minutes 30 (B) P.S.I. to (C) P.S.I.

Initial Closed In Period Minutes 45 (D) P.S.I.

Final Flow Period Minutes 30 (E) P.S.I. to (F) P.S.I.

Final Closed In Period Minutes 45 (G) P.S.I.

Final Hydrostatic Pressure (H) P.S.I.

COMPANY TERMS

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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature] Signature of Customer or his authorized representative

Western Representative STUART STOVER

FIELD INVOICE

Table with 2 columns: Item, Amount. Includes Open Hole Test \$600.00, Straddle Test \$250.00, Extra Packer \$150.00, etc.

ALLIED CEMENTING CO., INC.

0854

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: Medicine Lodge, KS.

DATE <u>10-21-94</u>	SEC. <u>25</u>	TWP. <u>29S</u>	RANGE <u>9W</u>	CALLED OUT <u>8:00 A</u>	ON LOCATION <u>10:30 A</u>	JOB START <u>6:20</u>	JOB FINISH <u>7:30</u>
LEASE <u>Magell B</u>	WELL # <u>1</u>	LOCATION <u>ZENDA 30, 1 1/4 E, N/50E</u>			COUNTY <u>KEENE</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one)

CONTRACTOR Duke Oils Co. Reg #1

TYPE OF JOB PRODUCTION CSG

HOLE SIZE 7 7/8 T.D. 4300

CASING SIZE 4 1/2 10.5 DEPTH 4299

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 12

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER Edmiston Oil Co. Inc.

CEMENT _____

AMOUNT ORDERED 100 SK 50/50 2% GEL
200 SK ASC 5# Kol-SEAL - 500 GAL
SALT Flush

COMMON <u>50</u>	@ <u>5.75</u>	<u>287.50</u>
POZMIX <u>50</u>	@ <u>3.00</u>	<u>150.00</u>
GEL <u>2</u>	@ <u>9.00</u>	<u>18.00</u>
CHLORIDE _____	@ _____	_____
<u>200 SK A.S.C.</u>	@ <u>7.50</u>	<u>1500.00</u>
<u>6 SK SALT</u>	@ <u>7.00</u>	<u>42.00</u>
<u>1000 lbs. Kol-SEAL</u>	@ <u>.36</u>	<u>360.00</u>
_____	@ _____	_____
HANDLING <u>300</u>	@ <u>1.00</u>	<u>300.00</u>
MILEAGE <u>300' x 35</u>	<u>.04</u>	<u>420.00</u>

TOTAL \$3077.50

EQUIPMENT

PUMP TRUCK CEMENTER DEAL R

266 HELPER CARL B

BULK TRUCK _____

256/250 DRIVER MARK B

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

RAN 4 1/2 CSG TO 4299' - RAN 12 BBLs SALT+ Flush
AHEAD OF 75SK 50/50 2% GEL Followed by
200SK ASC + 5# KOL-SEAL - Displaced Plug TO
4287' WITH 68.5 BBLs FRESH 4 3/4" - TAPPED PLUG
@ 155 SK Mousse hole with 10SK
50/50/2% GEL

SERVICE

DEPTH OF JOB 4299'

PUMP TRUCK CHARGE 4000-4500 1038.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 39 @ 2.25 78.75

PLUG 1-4 1/2 Top Rubber @ 33.00 33.00

RECEIVED
KANSAS CORPORATION COMMISSION

TOTAL \$1149.75

DEC 12 1994

CHARGE TO: Edmiston Oil Co. Inc

STREET PO Box 232

CITY Great Bend STATE Ks ZIP 67530

FLOAT EQUIPMENT

CONSERVATION DIVISION
SARASOTA, KS

4 1/2 BASKET @ 113.00 113.00

4 - CENTRALIZERS @ 53.00 212.00

TOTAL \$325.00

ORIGINAL

Phone 913-483-2627, Russell, KS
Phone 316-793-5861, Great Bend, KS

Phone 913-625-5516, Hays, KS
Phone 913-672-3471, Oakley, KS

Phone 316-886-5926, Medicine Lodge, KS
Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC. 0006937

Home Office P. O. Box 31

Russell, Kansas 67665

New

10-11 10-12

Date	Sec.	Twp.	Range	Called Out	On Location	Job Start	Finish
10-11-94	25	29	9	6:00 PM	9:00 PM	11:30 AM	12:15 AM
Lease Magill "B"		Well No. #1	Location Zenda - 3N, 134E, N/5		County Kingman	State KS	

Contractor Duke #1	Owner Same
Type Job Surface	To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Hole Size 12 1/4"	I.D. 238'
Csg. 8 5/8" 20'	Depth 232'
Tbg. Size	Depth
Drill Pipe	Depth
Tool	Depth
Cement Left in Csg. 15'	Shoe Joint
Press Max.	Minimum
Meas. Line	Displace 14 1/2 bbl
Perf.	

Charge To Edmiston Oil Co, Inc.
Street 125 N. Market Suite 1310
City Wichita State KS, 67202
The above was done to satisfaction and supervision of owner agent or contractor.
Purchase Order No.
X <i>Handwritten Signature</i>
CEMENT
Amount Ordered 150 SKS 60/40 39%cc, 29%gel
Consisting of
Common
Poz. Mix
Gel.
Chloride
Quickset
Handling
RECEIVED
MILEAGE CORPORATION Commission
Sub Total
DEC 11 2 1994
Total
CONSERVATION DIVISION Floating Equipment WICHITA, KS

EQUIPMENT

* No. 181	Cementor	Jim Dow
	Helper	
No.	Cementor	
	Helper	
# 101	Driver	Rick
	Driver	

DEPTH of Job 232
Reference: Amtrak Charge
Amtrak Mileage
8 5/8 wooden Plug
Sub Total
Tax
Total

Remarks: Cement Did Circulate

Thanks By