

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 5414
Name: J. MARK RICHARDSON
Address 2843 KEYWEST CT
WICHITA KS 67204
City/State/Zip _____
Purchaser: N/A
Operator Contact Person: KIM SANTELLAN
Phone (316) 838-4242
Contractor: Name: KLIMA WELL SERVICE
License: 7023
Wellsite Geologist: J. MARK RICHARDSON
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, Expl., Cathodic, etc.)
If Workover/Re-Entry: old well info as follows:
Operator: J. MARK RICHARDSON
Well Name: CATE
Comp. Date 7/99 Old Total Depth 4900 RTD
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Decklet No. D-27,677
 Dual Completion Decklet No. _____
 Other (SWD or Inj?) Decklet No. _____
9/77
Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- D-27,677 097-20,420-0001
County KIOWA
SE SE NE Sec. 33 Twp. 27 Rge. 20W
2970 S Feet from S (circle one) Line of Section
330 E Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name CATE Well # I
Field Name FRALICK WEST
Producing Formation Mississippi
Elevation: Ground _____ KB 2298
Total Depth 4900 RTD PSTD 4898
Percent of Surface Pipe Set and Cemented at 602 Feet
Multiple Stage Cementing Collar Used? Yes No
Yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
Feet depth to _____ w/ _____ sq. cnt.

RECEIVED
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas
FEB 28 2000

Drilling Fluid Management Plan Re-work, 3-2-00 UC
(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/V _____
County _____ Docket No. _____

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 J. Mark Richardson
Title OPERATOR Date _____
Subscribed and sworn to before me this 22 day of FEB
2000
Notary Public Kim Santella
Date Commission Expires 2/22/2000

KIM SANTELLAN
State of Kansas
My Appt. Exp. _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 XCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name J. MAKR RICHARDSON

Lease Name CATE

Well # 1

Sec. 33 Twp. 27 Rge. 20W

East
 West

County KIOWA

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

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		8 5/8		602		400	
PRODUCTION		4 1/2		4898		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
	4879-4890		

TUBING RECORD Size 2 3/8 Set At 4800 Packer At 4700 Liner Run Yes No

Date of First Resumed Production, SWD or In] 8/99 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:

METHOD OF COMPLETION

Production Interval

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

Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

COPY

ORIGINAL

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-27,677Disposal Enhanced Recovery:SE SE NE, Sec 33, T 27 S, R 20 E/WRepressuring 2970 Feet from South Section LineFlood 330 Feet from East Section LineTertiary

Date injection started _____

Lease Gate Well # 1 SWD

API #15 _____

County SiouxOperator: J Mark RichardsonOperator License # 5414

Name & _____

Contact Person J. Mark RichardsonAddress 2843 Keywest Ct.Wichita, KS 67204Phone 1-800-886-3192Max. Auth. Injection Press. vac psi; Max. Inj. Rate 100 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size	_____	<u>8 5/8"</u>	<u>4 1/2"</u>	_____	_____	<u>2 3/8"</u>
Set at	_____	<u>602'</u>	<u>4898'</u>	_____	Set at	<u>4700'</u>
Cement Top	_____	<u>0</u>	<u>4500'</u>	_____	Type	<u>steel</u>
" Bottom	_____	<u>602'</u>	<u>4898'</u>	_____		
DV/Perf.	_____	TD (and plug back) <u>4900 (4898)</u>		_____	ft. depth	
Packer type	<u>Halliburton R-4</u>	Size	<u>4 1/2" x 2 3/8"</u>	Set at	<u>4700</u>	
Zone of injection	<u>Mississippi</u> ft. to ft. <u>4879-90</u>		Perf. or open hole	<u>perf</u>		

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey F Time: Start 10 Min. 20 Min. 30 Min.I Pressures: 310 310 310 Set up 1 | System Pres. during test 0L Set up 2 | Annular Pres. during test 310D Set up 3 | Fluid loss during test 0 bbls.A Tested: Casing or Casing - Tubing Annulus The bottom of the tested zone is shut in with a packerTest Date 7-21-99 Using Greensburg Well Service Company's EquipmentThe operator hereby certifies that the zone between 0 feet and 4700 feetwas the zone tested Cal Schell Signature Prod. Sup. TitleThe results were Satisfactory , Marginal _____; Not Satisfactory _____State Agent Steve Middleton Title PIRT II Witness: Yes No _____REMARKS: Initial test
 Origin. Conservation Div.; KDHE/T; RECEIVED Office;
 Computer Update STATE CORPORATION COMMISSION
FEB 28 2000CONSERVATION DIVISION
Wichita, Kansas

KCC Form U-7 6/94