

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

API NO. 15- 151-21,9370001 ORIGINAL
County Pratt
150' SW of _____
_____ - C - SE - SE Sec. 32 Twp. 29 Rgo. 13W _____ E

Operator: License # 5056
Name: F. G. Holl Company L.L.C.
Address 6427 E Kellogg
P.O. Box 780167

555' FSL _____ Feet from S/W (circle one) Line of Section
765' FEL _____ Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

City/State/Zip Wichita, KS 67278-0167
Purchaser: Republic (Gas)
Scurlock-Permian (Oil)

Lease Name PALMQUIST Well # 3-32
Field Name Jem

Operator Contact Person: Elwyn H. Nagel
Phone (316) 684-8481

Producing Formation Mississippi
Elevation: Ground 1926 KB 1935
Total Depth 4790 PBD 4580

Contractor: Name: _____
License: _____

Amount of Surface Pipe Set and Cemented at 290' KB Foot
Multiple Stage Cementing Collar Used? _____ Yes _____ No

Wellsite Geologist: _____

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Oil _____ SWD _____ SIOW _____ Temp. Abd.
 Gas _____ EHHR _____ SIGW
 Dry _____ Other (Core, USW, Expl., Cathodic, etc)

Drilling Fluid Management Plan REWORK JH 8-30-94
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows:
Operator: F. G. Holl Company

Chloride content NA ppm. Fluid volume _____ bbls

Well Name: Palmquist 3-32

Dewatering method used _____

Comp. Date 2/2/94 Old Total Depth 4790'

Location of fluid disposal if hauled offsite: _____

_____ Deepening Re-perf. _____ Conv. to Inj/SWD
 Plug Back 4580 PBD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

KCC
JH

1-20-94 _____ 2-2-94
Date of START OF WORKOVER Date Reached TD Completion Date OF WORKOVER

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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-4 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated by the Kansas Corporation Commission and 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 Elwyn H. Nagel
Title Elwyn H. Nagel, Manager Date 5/5/94

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 0 8 1994
5-9-94
CONSERVATION DIVISION
WICHITA, KS

Subscribed and sworn to before me this 5th day of May 19 94.
Notary Public V. Jean Feil
Date Commission Expires _____

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

V. JEAN FEIL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8-31-97

P1

Operator Name F. G. Holl Company L.L.C. Lease Name PALMQUIST Well # 3-32
 Sec. 32 Twp. 29 Rge. 13W East West County Pratt

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	<input 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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				
See original ACO-1		See original ACO-1		

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
		See original ACO-1					

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 Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
		1 JJSPF	4522,23,24,28,29,30,31,32,33,35,38 39 & 41. Mississippi CIBP @ 4580'

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4522'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--------------------	---------------------	-----------	--

Date of First, Resumed Production, SWD or Inj. <u>2/2/94</u>	Producing Method <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 <u>85</u> Bbls.	Gas <u>65</u> 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. Coningled Other (Specify)

Production Interval: None