

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

API NO. 15- 151-22,035 0001

CONFIDENTIAL

Operator: License # 5056

Name: F. G. Holl Company L.L.C.

Address 6427 E Kellogg

P.O. Box 780167

City/State/Zip Wichita, KS 67278-0167

Purchaser: Republic Natural Gas

Operator Contact Person: Elwyn H. Nagel

Phone (316) 684-8481

Contractor: Name: --- **huc**

License: --- **AUG 4**

Wellsite Geologist: --- **CONFIDENTIAL**

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

<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> SUD	<input type="checkbox"/> SIGW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, USW, Expl., Cathodic, etc)		

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

Operator: F. G. Holl Company L.L.C.

Well Name: DORIS LAMBERT 'A' 1-31

Comp. Date 3/29/91 Old Total Depth 4800'

<input checked="" type="checkbox"/> Deepening	<input checked="" type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SUD
<input checked="" type="checkbox"/> Plug Back	<u>CIBP @ 4300'</u>	PBTD
<input type="checkbox"/> Commingled	Docket No.	
<input type="checkbox"/> Dual Completion	Docket No.	
<input type="checkbox"/> Other (SWD or Inj?)	Docket No.	

<u>4/16/94</u> rigged up	<u>4/23/94</u>
Spud Date	Date Reached TD
	Completion Date

County Pratt
156'S & 106'E of
C - NW - NE - Sec. 31 Twp. 29S Rge. 13W E

4464' FSL Foot from S/W (circle one) Line of Section

1874' FEL Foot from E/U (circle one) Line of Section

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

Lease Name DORIS LAMBERT Well # 'A' 1-31

Field Name Jem

Producing Formation LKC 'B' ZONE

Elevation: Ground 1924' KB 1933'

Total Depth 4800' PBTD 4300'

Amount of Surface Pipe Set and Cemented at 280' KB Foot

Multiple Stage Cementing Collar Used? ___ Yes No

If yes, show depth set ___ Foot

If Alternate II completion, cement circulated from ___

foot depth to ___ w/ ___ sx cnt.

Drilling Fluid Management Plan REWORK JH 2-1-95
 (Data must be collected from the Reserve Pit)

Chloride content ___ ppm Fluid volume ___ bbls

Dewatering method used **RELEASED**

Location of **RECEIVED** **KANSAS CORPORATION COMMISSION** **NOV 1 1996**

Operator Name **FROM CONFIDENTIAL**

Lease Name **AUG 0 9 1994** License No. **huc**

County **WICHITA, KS** Twp. **AUG 4** Rng. ___ E/W

Docket # **CONFIDENTIAL**

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Dorby 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 Elwyn H. Nagel

Title Elwyn H. Nagel, Manager Date 8/4/94

Subscribed and sworn to before me this 4th day of August 19 94.

Notary Public V. Jean Feil

Date Commission Expires _____

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

K.C.C. OFFICE USE ONLY		
F <input checked="" 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"/> SUD/Rep	<input type="checkbox"/> HGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		

ORIGINAL

CONFIDENTIAL

SIDE TWO

Operator Name W.G. Holl Company L.L.C.

Lease Name DORIS LAMBERT (OWWO) Well # 'A' 1-31

Sec. 31 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 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

SEE ORIGINAL ACO-1

SEE ORIGINAL ACO-1

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
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
2BSPF	CIBP @ 4540, Perf LKC 'L' zone from 4311-4318.	Acidized w/500 gal 15% DSFE	4311-4318
4BSPF	CIBP @ 4300'. Perf LKC 'B' zone from 4013-4015	Swabbed well dry.	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		2 3/8"						
Date of First, Resumed Production, SWD or Inj.		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
5/31/94								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			100					

Disposition of Gas:
 Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION
 Open Hole PBF Dually Comp. Commingled Other (Specify) _____
Production Interval 4013 - 4015