

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- 155-21,153-0000
County Reno

C NW SE Sec. 10 Twp. 26 Rge. 9 East West

1980 Ft. North from Southeast Corner of Section
1980 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Nunemaker Well # 1-B

Field Name Lerado

Producing Formation Arbuckle SWD

Elevation: Ground 1681 KB 1689

Total Depth 4600' PBTD 4550

Operator: License # 9533

Name: Fairchild Exploration

Address Route #3

City/State/Zip Kingman, KS 67608

Purchaser: _____

Operator Contact Person: Bob Fairchild

Phone (316) 532-3047

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Tim Pierce

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWD: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

02-06-91 2-15-91 3-4-91

Spud Date Date Reached TD Completion Date

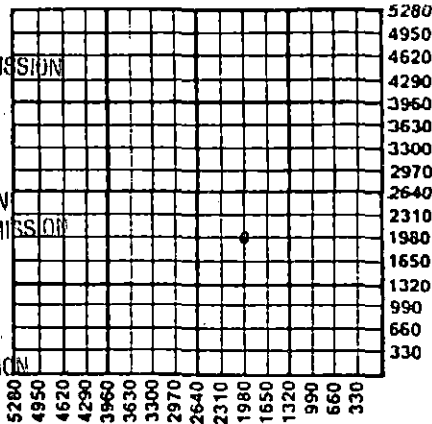
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Wichita, Kansas
STATE CORPORATION COMMISSION

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Wichita, Kansas



Amount of Surface Pipe Set and Cemented at 272' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 281

feet depth to surface w/ 200 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.

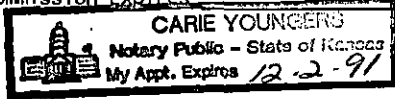
Signature Julien Fairchild

Title V. President Date 5-7-91

Subscribed and sworn to before me this 7th day of May, 19 91.

Notary Public Care J. Youngers

Date Commission Expires 12-2-91



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)

91

SIDE TWO

Operator Name Fairchild Exploration Lease Name Nunemaker Well # 1-B

Sec. 10 Twp. 26 Rge. 9 East West
 County Reno

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.)

Formation Description

Log Sample

Name	Top	Bottom
Topeka	2807	
Lansing	3374	
BKC	3740	
Mississippian	3890	
Viola	4164	
Simpson	4554	
Arbuckle	4347	

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	12 1/4"	8-5/8"	20#	272'	60/40poz	200	2% gel 3% cc.
Production	7-7/8"	5 1/2"	15#	4358'	60/40poz	105	2% gel 5#Kols seal

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Open hole from 4358 to 4600	3000 gals. 28%	4600

TUBING RECORD Size 2 3/8 Set At 4315 Packer At 4315 Liner Run Yes No

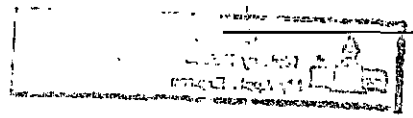
Date of First Production _____ Producing Method Flowing Pumping Gas Lift Other (Explain) SWD

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 _____



DST # 1

3403-3440, 45-60-45-60, strong blow on both openings, Recoverd 690' gas in pipe 30' oil cut mud, FP: 62-62/72-72, SIP: 1039-811, HP: 1620-1620,

DST # 2

3526-3550, 30-60-30-60, strong blow thur-out, Recoverd 1020' gas in pipe, 60' SOGCMW, 180' MW, FP: 41-72/83-114, SIP: 1412-1381, HP: 1692-1672

DST # 3

3676-3716, 30-60-30-60, strong blow thur-out, Recovered 1190' gas in pipe, 50' SOCGM, FP: 41-41/52-52, SIP: 780-914, HP: 1786-1744

DST # 4

4155-4165, 30-60-30-60, strong blow thur-out, Recovered 1480' gas in pipe, 20' HOCMW, 60' SOCMW, 660' water, FP: 135-239/260-364, SIP: 1132-1132, HP: 2045-2004

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Wichita, Kansas

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Wichita, Kansas



P.O. Box 4442
Houston, Tx. 77210

REMIT TO: P.O. Box 100806, Houston, Tx. 77212

CUSTOMER ORIGINAL SERVICE OPERATIONS CONTRACT

TERMS NET 30 DAYS FROM DATE OF CONTRACT

CUSTOMER ACCOUNT NO.	DIST NAME <i>Mad Lodge</i>	DATE <i>2-10-91</i>	WELL TYPE <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> OLD WELL	WELL NO. <i>3-1-1</i>	SERVICE CONTRACT NO. 636504	JOB NUMBER <i>500707</i>	
CUSTOMER <i>Fairchild Exploration</i>	DIST NUMBER <i>534</i>	LEASE NAME & FEDERAL OFFSHORE LEASE NO.	COUNTY/PARISH <i>Wichita</i>	CODE <i>1707</i>	STATE <i>Kansas</i>	CODE <i>14</i>	
ADDRESS <i>Route 3</i>	CITY <i>Kingman</i>	STATE <i>Kansas</i>	ZIP <i>67069</i>	FIELD NAME	CITY CODE	MTA CODE	
AUTHORIZED BY: <i>Bob Fairchild</i> (Please Print)	ORDER NO.	WELL OWNER <i>Fairchild Exploration</i>	PUMPING EQUIPMENT				TIME (A OR P)
STAGE NO.	JOB CODE <i>C100</i>	WORKING DEPTH	TRUCK CALLED		DATE		
TOTAL PREV. GALS.	1 SURFACE <input checked="" type="checkbox"/> 2 INTERMEDIATE <input type="checkbox"/> 3 PRODUCTION <input type="checkbox"/> 4 REMEDIAL <input type="checkbox"/>	FT	ARRIVED AT JOB		MM DD YY		
TOTAL MEAS. DEPTH	SIZE HOLE <i>12 1/4</i>	DEPTH <i>292</i>	START OPERATION		MM DD YY		
FT.	SIZE & WT. CASING <i>9 5/8 - 20'</i>	DEPTH <i>291</i>	FINISH OPERATION		MM DD YY		
PRESSURE	SIZE & WT. DRILL PIPE OR TUBING <i>4 1/2</i>	DEPTH	TIME RELEASED		MM DD YY		
AVG. PSI. MAX. PSI.	PACKER DEPTH	FLUID PUMPED	MILES FROM STATION TO WELL		SALESMAN NUMBER		
CUSTOMER INSTRUCTIONS FOR DISPOSAL OF RETURNED CEMENT							
MAX. BPM <i>6</i>							
S/S EMPLOYEE NUMBER							
<i>502-46-8472</i>							

REMARKS

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered)

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of BJ SERVICES.

PRICE BOOK	<i>011</i>	SIGNED: <i>[Signature]</i> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)				
PRICE BOOK REF. NO.	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	PRICE EXTENSION	
1 1101100302	1	0' to 3w'	440.00	E	440.00	
2 1101109005	41	P+M	2.35	E	96.35	
3 1104110504	120	CLASS A	5.50	Q	660.00	
4 11041150118	80	FLY Ash	2.91	Q	232.80	
5 11041150149	516	A7-P	.46	L	237.36	
6 11041201165	344	Bj gel	.14	L	48.16	
7 11081301001	214	Mixing	1.10	Q	235.40	
8 11094401101	468	Drayage 9 tons x	.75	E	351.00	
9 1104130539	1	9 5/8 top wood plug	17.00	E	17.00	
10					2318.07	

SERVICE REPRESENTATIVE: *Dean Sateran*

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

☐ CHECK IF CONTINUATION IS USED

CUSTOMER: This is not an invoice - This Service Operations Contract is subject to review and correction by our Accounting Department.



P.O. Box 4442
Houston, Tx. 77210

REMIT TO: P.O. Box 100806, Houston, Tx. 77212

ORIGINAL

SERVICE OPERATIONS CONTRACT
TERMS NET 30 DAYS FROM DATE OF CONTRACT

DATE 2-15-91		SERVICE CONTRACT NO. 636444	
CUSTOMER ACCOUNT NO.		DIST NAME Medison Lodge	NEW WELL <input checked="" type="checkbox"/> WELL TYPE L OLD WELL <input type="checkbox"/>
CUSTOMER Fairchild Leasing Co		DIST NUMBER 584	JOB NUMBER 300930
ADDRESS Route 3		COUNTY/PARISH Henn	LEASE NAME & FEDERAL OFFSHORE LEASE NO.
CITY Kennerly		STATE LA	CODE 7107
CITY STATE ZIP Kennerly LA 70068		FIELD NAME L...	CITY CODE
AUTHORIZED BY: (Please Print) L...		ORDER NO.	WELL OWNER Fairchild Leasing Co
STAGE NO. 1	JOB CODE 0106	WORKING DEPTH 4357 FT	PUMPING EQUIPMENT
TOTAL PREV. GALS.	1 SURFACE <input type="checkbox"/> 2 INTERMEDIATE <input type="checkbox"/> 3 PRODUCTION <input checked="" type="checkbox"/> 4 REMEDIAL <input type="checkbox"/>		TIME (A OR P)
TOTAL MEAS. DEPTH FT.	SIZE HOLE 7 7/8	DEPTH 4600 FT	DATE
	SIZE & WT. CASING 5 1/2	DEPTH 4357 FT	TRUCK CALLED 018:30A
	SIZE & WT. DRILL PIPE OR TUBING	DEPTH	ARRIVED AT JOB 012:30A
	PACKER DEPTH	FLUID PUMPED 300 Bbl	START OPERATION 013:15A
			FINISH OPERATION 014:30A
			TIME RELEASED 4:00P
			MILES FROM STATION TO WELL
			SALESMAN NUMBER
CUSTOMER INSTRUCTIONS FOR DISPOSAL OF RETURNED CEMENT			
REMARKS			

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Wichita, Kansas

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered)
The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of BJ SERVICES.

PRICE BOOK REF. NO.	QUANTITY	DESCRIPTION	UNIT PRICE	U/M	PRICE EXTENSION
11011010131214	1	4001 ft 4300	1,200.00	L	1200.00
11011019101015	41	P. L. M.	2.35	E	96.35
11014110151014	81	C. L. S. A	5.50	L	445.50
11014111310118	54	Ply Ash	2.71	L	147.14
110141210111415	282	BJ Gal 1.00	0.14	L	39.48
110141115101318	675	G-S Salt 1.00	0.11	L	74.25
110141116101812	675	Kel Seal 1.00	0.33	L	222.75
110141310151210	1	5 1/2 Top Plug Aluminum Case	55.00	L	55.00
110141219161216	1	5" Trippler Shear A	1516.00	L	1516.00
110141019161010	1	5 1/2 Insack Valve W	197.00	E	197.00

SERVICE REPRESENTATIVE: *Mont E. Wolf*
THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: *Bob J. Fairchild*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)