

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

API No. 15- 095-190010001 **ORIGINAL**

County KINGMAN

C - NW - SW Sec. 27 Twp. 28S Rge. 7 X <sup>E</sup> <sub>W</sub>

1980 Feet from (S)N (circle one) Line of Section

660 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 ALAMEDA Well # TR.11-1

Field Name ALAMEDA UNIT

Producing Formation MISSISSIPPI

Elevation: Ground 1604 KB 1613

Total Depth 4440 PBTD 4300

Amount of Surface Pipe Set and Cemented at 264 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan DUWVO 12-15-98 U.C.  
(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/W

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 3880

Name: K.C. RESOURCES INC.

Address P.O. BOX 1118

CARDIFF, CA 92007

City/State/Zip \_\_\_\_\_

Purchaser: \_\_\_\_\_

Operator Contact Person: ROD HOWLAND

Phone ( 405 ) 874-3429

Contractor: Name: KLIMA WELL SERVICE

License: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion  
New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ X Workover

X Oil \_\_\_\_\_ SWD \_\_\_\_\_ SLOW \_\_\_\_\_ Temp. Abd.  
Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW \_\_\_\_\_  
Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: TEXACO INC.

Well Name: T. LECKLIDER #1

X Comp. Date 3-30-67 Old Total Depth 4441  
Renamed well.

Deepening X Re-perf. \_\_\_\_\_ Conv. to Inj/SWD \_\_\_\_\_  
Plug Back \_\_\_\_\_ PBTD \_\_\_\_\_  
Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Inj?) Docket No. 8-5-98

8-2-98 8-3-98  
Spud Date Date Reached TD Completion Date  
Current Workover Dates

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 [Signature]

Title Field-Superintendent Date 8-15-98

Subscribed and sworn to before me this 25 day of Nov., 19 98.

Notary Public [Signature]

Date Commission Expires 6-6-2000

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

**BJ STUCKY**  
NOTARY PUBLIC  
STATE OF KANSAS

Operator Name **LAKE OIL & GAS RESOURCES INC.** Lease Name **ALAMEDA** Well # **IR-11-1**  
 Sec. **27** Twp. **28S** Rge. **7**  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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<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	MISSISSIPPI	4010	-2406
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

LOG - TECH: CEMENT Bond/ccl  
GAMA- RAY

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
SURFACE	12 1/4	8 5/8	24.0	264			
PRODUCTION		4 1/2	11.6	4439			

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
2	MISSISSIPPI - 4006-4024		
	CEMENT BOND RAN CEMENT <sup>TOP</sup> <sub>JOB</sub> 3590		

TUBING RECORD	Size <b>2 3/8</b>	Set At <b>3968</b>	Packer At <b>3940</b>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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)			
Estimated Production Per 24 Hours	Oil <b>NCNE</b> Bbls.	Gas <b>150</b> Mcf	Water <b>2</b> BRLS./DAY	Gas-Oil Ratio

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

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled 4006-4024'

Production Interval  Other (Specify) \_\_\_\_\_