

ORIGINAL

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

Operator: License # 5428

Name: Graves Drilling Co., Inc.

Address P.O. Box 8250

City/State/Zip Wichita, KS 67208

Purchaser: _____

Operator Contact Person: Fredrick W. Stump

Phone (316) 687-2777

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: _____

Designate Type of Completion:

New Well Re-Entry Workover

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

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

Operator: Comet Petroleum Corp.

Well Name: Bolinger #1

Comp. Date 11-29-69 Old Total Depth 3997

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

11-02-94 11-05-94 11-05-94
Spud Date Date Reached TD Completion Date

API NO. 15- 095-20188-00-01

County Kingman

C-NW-SE Sec. 27 Twp. 28 Rng. 6 E W

1980 Feet from N (circle one) Line of Section

1980 Feet from W (circle one) Line of Section

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

Lease Name Sowers Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 1480 KB 1488

Total Depth 4050 PSTD _____

Amount of Surface Pipe Set and Cemented at 250 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat.

Drilling Fluid Management Plan UNSUCCESSFUL REENTRY
(Data must be collected from the Reserve Pit) 9/11-6-95

WATER EVAPORATED

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name _____

Lease Name _____

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

County _____

CONSERVATION DIVISION
WICHITA, KS

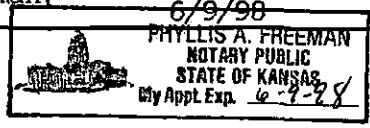
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Fredrick W. Stump
Title Geologist Date 11/15/94

Subscribed and sworn to before me this 15th day of November, 1994.

Notary Public Phyllis A. Freeman
Date Commission Expires 6/9/98



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

11

Operator Name: Graves Drilling Co., Inc.

Lease Name: Sowers

Well # 1

East

County Kingman

Sec. 27 Twp. 28 Rge. 6

West

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.)

Log	Formation (Top), Depth and Datum	Sample
Name	Top	Datum
Topeka	2528	-1037
Heebner	2890	-1399
Brn Lime	3142	-1651
Lansing	3151	-1660
Stark	3538	-2047
Lower Cher	3832	-2341
Miss	3942	-2451
Old RTD	3997	-2506
New RTD	4040	-2549
E-Log TD	4042	-2551

List All E-Logs Run: Composite Porosity Log, Array Induction Shallow Focused Elec. Log, Compensated Neutron-Photo-Density Log, Borehole Compensated Sonic Log.

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"	24	250'	Class A	275	2% CaCl CaCl ₂

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

TUBING RECORD Size Set At Packer At. Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

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

METHOD OF COMPLETION

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

Production Interval

ALLIED CEMENTING CO., INC.

0807

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: Weld Code

DATE <u>11-8-94</u>	SEC. <u>27</u>	TWP. <u>28s</u>	RANGE <u>6w</u>	CALLED OUT <u>8:00 PM</u>	ON LOCATION <u>11:30 PM</u>	JOB START <u>1:35 AM</u>	JOB FINISH <u>3:00 AM</u>
LEASE <u>Sewers</u>	WELL # <u>0000 #1</u>	LOCATION <u>14th BELMONT Ro. 6E, 2nd, 3/4E 1/2</u>			COUNTY <u>ROXBURGH</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one)

CONTRACTOR DUKE DRUG #1

TYPE OF JOB ROTARY PUG

HOLE SIZE 7 7/8" T.D. 4040'

CASING SIZE 8 5/8" DEPTH 250'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" 16.5# DEPTH 925'

TOOL _____ DEPTH _____

PRES. MAX 150# MINIMUM 100#

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER GRAVES DRUG Co

CEMENT _____

AMOUNT ORDERED 145 x 60:40:4

COMMON	<u>87</u>	@	<u>5.75</u>	<u>500.25</u>
POZMIX	<u>58</u>	@	<u>3.00</u>	<u>174.00</u>
GEL	<u>5</u>	@	<u>9.00</u>	<u>45.00</u>
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>145</u>	@	<u>1.00</u>	<u>145.00</u>
MILEAGE	<u>145 x 55</u>	@	<u>.04</u>	<u>319.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER _____

266 HELPER L. DRELLING

BULK TRUCK _____

227 DRIVER K. BRUNGARDT

BULK TRUCK _____

_____ DRIVER _____

TOTAL \$1183.25

REMARKS:

- 35x @ 925'
- 35x @ 525'
- 35x @ 250'
- 25x @ 60'
- 15x IN PATCH

DEPTH OF JOB 925'

PUMP TRUCK CHARGE _____ 430.00

EXTRA FOOTAGE _____ @ _____

MILEAGE SS @ 2.25 123.75

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL \$553.75

CHARGE TO: GRAVES DRUG Co

STREET P.O. Box 8250

CITY WICHITA STATE KANSAS ZIP 67208

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

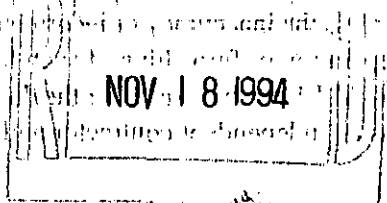
TOTAL _____

HAMBRE

TAX - 0 -

TOTAL CHARGE \$1737.00

DISCOUNT \$260.55 IF PAID IN 30 DAYS



To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Ronald Knoll

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 14 1994

CONSERVATION DIVISION
WICHITA, KS