

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

Operator: License # 8462

Name: Loren Smith

Address 5501 NW 124 TH

City/State/Zip Oswego KS 67356

Purchaser: Enron Oil CO

Operator Contact Person: Loren Smith

Phone (316) 8276264

Contractor: Name: Kephart Drilling

License: 5379

Wellsite Geologist: Loren Smith

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

5 4 98 5 5 98 8 14 98
Spud Date Date Reached TD Completion Date

API NO. 15- 15037214850000 **ORIGINAL**

County Crawford County

Se- SW -SW Sec 3 Twp. 31 Rge. 22

2840 Feet from SW (circle one) Line of Section

2190 Feet from EW (circle one) Line of Section

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

Lease Name Diell Well # 5

Field Name Mounsth

Producing Formation Catteman

Elevation: Ground 820 KB 3

Total Depth 191 PBDT _____

Amount of Surface Pipe Set and Cemented at 21 Feet

Multiple Stage Cementing Collar Used? _____ Yes XX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from Bottom

feet depth to Top w/ 15 sx cmt.

Drilling Fluid Management Plan AH-2, 9-3-98 UC
(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. _____

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 Loren L. Smith

Title owner Date 8-31-98

Subscribed and sworn to before me this 31st day of August, 1998.

Notary Public Kathleen Stewart

Date Commission Expires 8-5-98

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

KATHLEN STEWART
Notary Public - State of Kansas
My Appl. Expires 8-5-2000

ORIGINAL

Kephart Drilling Inc.
4270 Gray Rd.
Thayer, Kansas 66776

Loren Smith	0'	-	5'	-overburden
	8'	-	71'	-shale
Bryon Diell #5	71'	-	73'	-coal
	73'	-	83'	-shale
API#	83'	-	84'	-lime
15-037-21485	*83	-		-No gas
	84'	-	182'	-shale
SE,SW,SW,NE	182'	-	189'	-oil sand
S3,T31,R22	189'	-	191'	-sand
	191'	-		Total Depth

Crawford County

Started: 5-4-98

Finished: 5-5-98

22' 8" of 7"
3 cement

573
11

191

Operator Name Loren Smith Lease Name Diell Well # 5
 Sec. 3 Twp. 31 Rge. 22 East West County Crawford

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 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	Log ON Back	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E.Logs Run:

GAMMA RAY Neutron

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
<i>Surface</i>	<i>10 1/4"</i>	<i>7"</i>	<i>24</i>	<i>21</i>	<i>Portland</i>	<i>3</i>	<i>None</i>
<i>Production</i>	<i>5 1/8"</i>	<i>2 3/8"</i>		<i>170'</i>		<i>15</i>	

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
	<i>Open hole</i>		

TUBING RECORD	Size <u>2 Inch</u>	Set At <u>170</u>	Packer At <u>160</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<i>Still awaiting Completion.</i>				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

AMERICAN BUILDING CENTERS INC.
 124 NORTH INDIANA
 P.O. BOX 349
 COLUMBUS, KS. 66725
 PHONE: (316) 429-2701

PAGE NO 1

THANK YOU FOR YOUR BUSINESS!!

ORIGINAL

15-03721485

CUSTOMER NO. #5	JOB NO.	PURCHASE ORDER NO.	REFERENCE DIELL LEASE	TERMS CASH/CHECK/BANKCARD	CLERK HB	DATE 8-21-98 9-13-98	TIME 1:49
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DOC# A40548

 # INVOICE #

TAX : 001 COLUMBUS

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUBG	UNITS	PRICE/PER	EXTENSION
40		EA	PORTLAND	PORTLAND CEMENT LAKERNE//SMITH PAID		40	5.70 /EA	228.00
15		EA	35575	1X20 SCH. 40 PVC PIPE	4.99	15	3.00 /EA	45.00

<p>X <i>Loren Smith</i></p> <p>RECEIVED BY</p>	<p>## PAYMENT RECEIVED ##</p> <p>## PAID IN FULL ##</p>	<p>291.84</p> <p>291.84</p>	<p>TAXABLE</p> <p>NON-TAXABLE</p> <p>SUBTOTAL</p> <p>TAX AMOUNT</p> <p>TOTAL AMOUNT</p>	<p>273.00</p> <p>0.00</p> <p>273.00</p> <p>18.84</p> <p>291.84</p>
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