

ORIGINAL

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

API NO. 15- 009-03063
County Barton 00-02
NE-NE-NE Sec. 20 Twp. 16 Rge. 11 X W

Operator: License # 4252
Name: Kahan & Associates, Inc.
Address P.O. Box 559
Tulsa, OK 74101

Feet from S/W (circle one) Line of Section
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 Joe Prusa Well # 2
Field Name Kraft Prusa

Purchaser:
Operator Contact Person: David M. Wilson
Phone (918) 587-4159

Producing Formation
Elevation: Ground 1891' KB 1896'
Total Depth 3320' PBDT 3298'
Amount of Surface Pipe Set and Cemented at 105' Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set _____ Feet

Contractor: Name:
License:
Wellsite Geologist:
Designate Type of Completion
 New Well Re-Entry X Workover

If Alternate II completion, cement circulated from Surface
feet depth to 500' w/ 250 ex cnt.

 Oil SWD S10W Temp. Abd.
 Gas X ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan 12-7-93
(Date must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls

If Workover/Re-Entry: old well info as follows:
Operator: Kahan & Associates, Inc.
Well Name: Joe Prusa #2
Comp. Date _____ Old Total Depth 3320

Dewatering method used _____
Location of fluid disposal if hauled offsite:

X Deepening Re-perf. X Conv. to (In)/SWD
 Plug Back 3298 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
X Other (SWD or (In)) Docket No. E-26,574

Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W
County _____ Docket No. _____

Spud Date _____ Date Reached TD _____ Completion Date 4-16-93

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 David M. Wilson
Title Operations Manager Date 7-1-93
Subscribed and sworn to before me this 1st day of July
19 93
Notary Public Christine A. Stites
Date Commission Expires 30 April 1996

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
RECEIVED
STATE CORPORATION COMMISS
7-6-93
JUL - 6 1993
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name Kahan & Associates, Inc

Lease Name Joe Prusa

Well # 2

Sec. 20 Twp. 16 Rge. 11

East
 West

County Barton

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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

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	?	10-3/4		105		100	
Production	9-3/4	7		3315		125	

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
	4	3210-18		1600 Gal 15% NE Acid	
4	3202-08		400 Gal 15% NE Acid		
4	3175-82		1600 Gal 15% NE Acid		

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>3020'</u>	Packer At <u>3020'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or (In)	<u>6-24-93</u>	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACD-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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