

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 5614

Name: Hutchinson Oil Co.

Address 105 S. Broadway,
Suite #470

City/State/Zip Wichita, Kansas 67202

Gas: Pinnacle Natural Gas Company

Oil: Purchaser: Texaco Trading & Transportation

Operator Contact Person: Steve Hutchinson

Phone (316) 262 1525

Contractor: originally H-30 Drilling, Inc.

License: 5107

Wellsite Geologist: Jeff Burk

Designate Type of Completion

New Well Re-Entry Workover

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

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

Operator: Hutchinson Oil Co.

Well Name: #2-19 Krankenberg

Comp. Date 7/19/87 Old Total Depth 3850 RTD

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

5/15/92 5/22/92

COMMENCED Date 5/15/92 Date Reached TD 5/22/92 Completion Date of WORKOVER

API NO. 15- 185-21,408A

County Stafford

C-SE - NW-SE Sec. 19 Twp. 22 Rgs. 12 E W

1650 Feet from S/W (circle one) Line of Section

1650 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 Krankenberq Well # 2-19

Field Name Krankenberq

Producing Formation Lansing Kansas City

Elevation: Ground 1870 KB 1875

Total Depth 3850 PBDT 3650

Amount of Surface Pipe Set and Cemented at already set
271.50 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 REWORK 9/2 2-16-94
(Data must be collected from the Reserve Pit) This well
was originally a OWWO in 7/19/87 by
Hutchinson Oil Co. ppm Fluid volume _____ bbls
chloride content _____

Dewatering method used _____

Location of fluid disposal if hauled offsite:

used swab tank for workover

Operator Name 5/15/92 thru 5/22/92

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, 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.

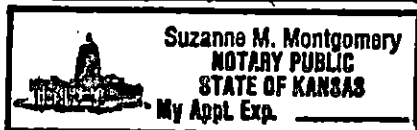
Signature Steve Hutchinson

Title owner Date 8/27/92

Subscribed and sworn to before me this 27 day of August
19 92.

Notary Public Suzanne M. Montgomery

Date Commission Expires 9/15/93



11-9-93
K.C.C. OFFICE USE ONLY RECEIVED
STATE CORPORATION COMMISSION
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received NA
C _____ Geologist Report Received N
NOV 09 1993
Distribution
KCC _____ SUD/Rep _____ NGPA _____
XGS _____ CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name Hutchinson Oil Co. Lease Name Krankenber Well # 2-19
 Sec. 19 Twp. 22 Rge. 12 East County Stafford
 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Anhy	682	+ 1193
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3190	- 1315
List All E.Logs Run: DSN - CDL - CAL - DIGL		Brown Lime	3323	- 1448
already released 9/21/87 w/ACO-1		Lansing	3342	- 1467
		BKC	3568	- 1693
		Viola	3639	- 1764
		Simpson	3692	- 1817
		Arbuckle	3752	- 1877
		LTD	3851	- 1976

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Alpine set 9/20/81 *							
* surface	12-1/4"	8-5/8	20#	271.50	common	200sks	3% c/c 2% gel
production	7-7/8"	5-1/2"	14#	3848	50/50 poz	125	1% CFR-2 75# Gilsonite & 250 gals mud sweep

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
2 SPF	3512-16'		250 gals 15% NE	
2 SPF	3478-82'		250 gals 15% NE	
4 SPF	3405-08'		1000 gals 15% NE	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8ths	3550'	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SVD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
5/22/92				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf
	8		20	4
				Water
				Bbls.
				Gas-Oil Ratio
				2 1/2 / 1MCF per bbl
				Gravity
				32°

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	3405'
(If vented, submit ACO-18.)	<input type="checkbox"/> Other (Specify)	3516'



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

15-185-21408-0002 ORIGINAL

FORM 1908 R-7

A Division of Halliburton Company

ATTACH TO INVOICE & TICKET NO.

DISTRICT 6-K-7 be of K DATE 8-27-76

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: M. I. Adams Halla (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. 34 LEASE St... SEC. 24 TWP. 24 RANGE 12

FIELD _____ COUNTY of LA STATE TX OWNED BY _____

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME _____ TYPE _____
FORMATION THICKNESS _____ FROM _____ TO _____
PACKER: TYPE _____ SET AT _____
TOTAL DEPTH _____ MUD WEIGHT _____
BORE HOLE _____
INITIAL PROD: OIL _____ BPD, H₂O _____ BPD, GAS _____ MCF
PRESENT PROD: OIL _____ BPD, H₂O _____ BPD, GAS _____ MCF

	NEW USED	WEIGHT	SIZE	FROM	TO	MAX. ALLOW. P.S.I.
CASING	<u>1</u>	<u>23.4</u>	<u>8 1/2</u>	<u>ACE</u>	<u>3335</u>	
LINER					<u>333.50</u>	
TUBING						
OPEN HOLE			<u>1.4</u>	<u>FE</u>	<u>33.5</u>	SHOTS/FT.
PERFORATIONS					<u>335</u>	
PERFORATIONS						
PERFORATIONS						

PREVIOUS TREATMENT: DATE _____ TYPE _____ MATERIALS _____

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED _____

Set 8 1/2" surface pipe with 225 SKs 40/100 P. 2 32cc 27

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

- As consideration, the above-named Customer agrees: THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED
- a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price list. Invoices are payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ attorneys to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account.
- b) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliated companies and the officers, directors, employees, agents and servants of all of them from and against any claims, liability, expenses, attorneys fees, and costs of defense to the extent permitted by law for:
 - Damage to property owned by, in the possession of, or leased by Customer, and/or the well owner (if different from Customer), including, but not limited to, surface and subsurface damages. The term "well owner" shall include working and royalty interest owners.
 - Reservoir, formation, or well loss or damage, subsurface trespass or any action in the nature thereof.
 - Personal injury or death or property damage (including, but not limited to, damage to the reservoir, formation or well), or any damages whatsoever, growing out of or in any way connected with or resulting from pollution, subsurface pressure, losing control of the well and/or a well blowout or the use of radioactive material.
- The defense, indemnity, release and hold harmless obligations of Customer provided for in this Section b) and Section c) below shall apply to claims or liability even if caused or contributed to by Halliburton's negligence, strict liability, or the unseaworthiness of any vessel owned, operated, or furnished by Halliburton or any defect in the data, products, supplies, materials, or equipment of Halliburton whether in the preparation, design, manufacture, distribution, or marketing thereof, or from a failure to warn any person of such defect. Such defense, indemnity, release and hold harmless obligations of Customer shall not apply where the claims or liability are caused by the gross negligence or willful misconduct of Halliburton. The term "Halliburton" as used in said Sections b) and c) shall mean Halliburton, its divisions, subsidiaries, parent and affiliated companies, and the officers, directors, employees, agents and servants of all of them.
- c) That because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, Halliburton is unable to guarantee the effectiveness of the products, supplies or materials, nor the results of any treatment or service, nor the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by Halliburton. Halliburton personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that Halliburton shall not be liable for and Customer shall indemnify Halliburton against any damages arising from the use of such information.
- d) That Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.
- e) That Customer shall, at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well and if such equipment, tools or instruments are not recovered, Customer shall pay Halliburton its replacement cost unless such loss is due to the sole negligence of Halliburton. If Halliburton equipment, tools or instruments are damaged in the well, Customer shall pay Halliburton the lesser of its replacement cost or the cost of repairs unless such damage is caused by the sole negligence of Halliburton. In the case of equipment, tools or instruments for marine operations, Customer shall, in addition to the foregoing, be fully responsible for loss of or damage to any of Halliburton's equipment, tools or instruments which occurs at any time after delivery to Customer at the landing until returned to the landing, unless such loss or damage is caused by the sole negligence of Halliburton.
- f) To waive the provisions of the Deceptive Trade Practices - Consumer Protection Act, to the extent permitted by law.
- g) That this contract shall be governed by the law of the state where services are performed or materials are furnished.
- h) That Halliburton shall not be bound by any changes or modifications in this contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

SIGNED _____ CUSTOMER

DATE 8-27-76

TIME 11:00 A.M. P.M.

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

CUSTOMER

WELL DATA

FIELD: _____ SEC: 34 TWP: 24S RNG: 15W COUNTY: T. H. Co. STATE: IN

FORMATION NAME: _____ TYPE: _____
 FORMATION THICKNESS: _____ FROM: _____ TO: _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE: _____ MUD TYPE: _____ MUD WT: _____
 PACKER TYPE: _____ SET AT: _____
 BOTTOM HOLE TEMP. _____ PRESSURE: _____
 MISC. DATA: _____ TOTAL DEPTH: _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE: <u>1-20-12</u>	DATE: <u>1-27-12</u>	DATE: <u>1-28-12</u>	DATE: <u>1-28-12</u>
TIME: <u>17</u>	TIME: <u>19</u>	TIME: <u>23 30</u>	TIME: <u>1</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG	<u>1</u>	<u>H. Co.</u>
HEAD	<u>1</u>	<u>"</u>
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>1. Dyl... 1001</u>	<u>50218</u>	<u>HT</u>
<u>1. Dyl... 1002</u>	<u>50218</u>	<u>HT</u>
<u>1. Dyl... 1003</u>	<u>50218</u>	<u>HT</u>
<u>1. Dyl... 1004</u>	<u>50218</u>	<u>HT</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN.
 NE AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.
 BREAKER TYPE _____ GAL.-LB. _____ IN.
 BLOCKING AGENT TYPE _____ GAL.-LB. _____ IN.
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT: Cement
 DESCRIPTION OF JOB: Surf. Pipe
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN
 CUSTOMER REPRESENTATIVE: **X**

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK	MIXED LBS./GAL.
	<u>225</u>	<u>40/10</u>	<u>P12</u>	<u>B</u>	<u>3% CC 2% CL</u>	<u>1.57</u>	<u>14</u>

PRESSURES IN PSI
 CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____
HYDRAULIC HORSEPOWER
 ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM
 TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE
 FEET: 10 REASON: Request

SUMMARY

PREGLUSH: BBL-GAL. _____ TYPE _____
 LOAD & BKDN: BBL-GAL. _____ PAD: BBL-GAL. _____
 TREATMENT: BBL-GAL. _____ DISPL.: BBL-GAL. 202
 CEMENT SLURRY: BBL-GAL. 50.9
 TOTAL VOLUME: BBL-GAL. _____

REMARKS

CUSTOMER _____ LEASE _____ WELL NO. _____ JOB TYPE _____ DATE 5-12-12

HALLIBURTON SERVICES
JOB LOG

15-185-21408.0002

WELL NO. 3A LEASE Stover TICKET NO. 263841

CUSTOMER M. J. Anderson H. W. C. 100 PAGE NO. 1

JOB TYPE Surfactant Pump DATE 8-27-53

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL.) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							ORIGINAL
	2300							
	2345							
	00 10						100. Start Mixing	
	00 15		50.9				200. Finish Mixing	
	00 20						Release plug	
	00 21		0				200. Start Pump	
							200. Connect Control (Start in cell.)	
1	00 25		20.2				200. Plug Pump	
	00 30						Shift SW	
	00 35						Wash up	
	01 00						Job Complete	
							Thank You!	
							Glen, Wayne	

CUSTOMER

