

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

Operator: License # 6588
Name: WOODMAN-IANNITTI OIL COMPANY
Address: PO BOX 308
GT BEND KS 67530-0308
City/State/Zip
Purchaser: N/A
Operator Contact Person: D. J. Iannitti
Phone (316) 792-2921
Contractor: Name: _____
License: _____

Wellsite Geologist: _____
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: WOODMAN-IANNITTI OIL CO.
Well Name: WILLIAMS #2
Comp. Date 6/11/77 Old Total Depth 4000'
 Deepening Re-perf. Conv. to (Inj)/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
Pending Other (SWD or Inj?) Docket No. E-27,247
3-21-96 OWWO 3/27/96
Spud Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 185-20,7420001 ORIGINAL
County STAFFORD
NW SW NE Sec. 11 Twp. 22s Rge. 14 X E
3630 Feet from N (circle one) Line of Section
2310 Feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, S, NW or SW (circle one)
Lease Name WILLIAMS Well # 2
Field Name: Smallwood
Producing Formation N/A
Elevation: Ground 1935' KB 1940
Total Depth 4000' PBTB 3718'
Amount of Surface Pipe Set and Cemented at 331 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 cmt.

Drilling Fluid Management Plan REWORK JH 4-25-96
(Data must be collected from the Reserve Pit) N/A
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 [Signature]
Title D. J. IANNITTI, PARTNER Date 4/24/96
Subscribed and sworn to before me this 24th day of APRIL
19 96
Notary Public [Signature]
Date Commission Expires May 12, 1996

NOTARY PUBLIC - State of Kansas
SHARON K. LINGREEN
My Appt. Exp. _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC S/D/Rep NGPA
 KGS Plug Other
(Specify)
APR 25 11:00 AM '96
KANSAS CORP 096611

4-25-96

SIDE TWO

Operator Name WOODMAN-IANNITTI OIL COMPANY Lease Name WILLIAMS Well # 2

Sec. 11 Twp. 22s Rge. 14 East West
 County STAFFORD

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.

OWWO

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.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 OWWO ALL INFORMATION REMAINS THE SAME

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"	28#	3315'	COM	225	3%CC+2%GEL
PRODUCTION	7-7/8"	5-1/2"	14#	3815'	COM	150	Salt Sat.

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
	BAKER AD 1 Packer @ 3492	
	Perfs 3546-3549' 3'	
	3562-3565' 3'	
	3582-3584' 2'	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	3492	3492'	
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
N/A				
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 N/A
 Other (Specify) _____