

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

Operator: License # 3180  
Name: Deutsch Oil Company  
Address 8100 E. 22nd St. North  
Building 600 Suite D  
City/State/Zip Wichita, Kansas 67226

Purchaser: NONE YET

Operator Contact Person: Kent Deutsch

Phone ( 316 ) 681-3567

Contractor: Name: Leiker Well Service Inc.

License: 30891

Wellsite Geologist: NONE

Designate Type of Completion  
   New Well    Re-Entry    Workover

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

If Workover:

Operator: Murfin Drilling Co.

Well Name: Boman #1

Comp. Date 10-12-55 Old Total Depth 5038

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

   04-12-00    04-19-00    05-18-00  
   Date OF    Date Reached TD    Completion Date  
   REENTRY

API NO. 15- 097-00035-0001

County Kiowa

   - SE - SE - NW Sec. 31 Twp. 28 Rge. 16 X    E

2310 Feet from S (circle one) Line of Section

2310 Feet from E (circle one) Line of Section

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

Lease Name Boman Well # 1-31\_OWVO

Field Name   

Producing Formation Mississippi

Elevation: Ground 2134' KB 2139'

Total Depth 4832' PBDT   

Amount of Surface Pipe Set and Cemented at 384 Feet

Multiple Stage Cementing Collar Used?    Yes X No

If    show depth set    Feet

If Alternate II completion, cement circulated from   

feet depth to    w/    sx cmt.

Drilling Fluid Management Plan REENTRY 9/11 12-29-00  
(Data must be collected from the Reserve Pit)

Chloride content 50000 ppm Fluid volume 40 bbls

Dewatering method used Evaporation (lined pit)

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 Karla

Title Owner Date 07-13-00

Subscribed and sworn to before me this 13th day of July, 2000.

Notary Public Karri Wolken

Date Commission Expires July 31, 2000

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)

KARRI WOLKEN  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appl. Exp. 7/31/00

X

Operator Name Deutsch Oil Company Lease Name Boman Well # 1-31\_0W0

Sec. 31 Twp. 28 Rge. 16  East  West  
 County Kiowa

**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.)

List All E.Logs Run:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Name	Top	Datum
Heebner	4007	-1868
Brown Lime	4176	-2037
Lansing KC	4192	-2053
Mississippi	4739	-2600

**RECEIVED**  
 KANSAS CORPORATION COMMISSION

OCT 27 2000

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used								CONSERVATION DIVISION WICHITA, KS
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"	20#	384'				
Production	7 7/8"	4 1/2"	9.5#	4798'	ASC	150	5# Kolseal	

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
2	4740-4750	1000 gal. 10% NE/FE 15000# sd. w/342 bbls. 25# gelled water.	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	4734'			
Date of First, Resumed Production, SWD or Inj. Shut in Gas Well (waiting on gas connection)			Producing Method <input checked="" 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
	0		355		0	

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 4740-4750

(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_

# ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

1480

ORIGINAL

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

SERVICE POINT:

Medicine Lodge

DATE <u>4-19-00</u>	SEC. <u>31</u>	TWP. <u>28S</u>	RANGE <u>11W</u>	CALLED OUT <u>4:00 pm</u>	ON LOCATION <u>7:45 pm</u>	JOB START <u>7:55 pm</u>	JOB FINISH <u>8:30 pm</u>
LEASE <u>Boren</u>	WELL # <u>1-31</u>	LOCATION <u>Haviland 2 1/2 S</u>		COUNTY <u>McPherson</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)		<u>1w, 1/2 S 1/2 E</u>					

CONTRACTOR Leiker Well service  
 TYPE OF JOB Production  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 4 1/2 x 7.5 DEPTH 4832  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 1650 MINIMUM 100  
 MEAS LINE \_\_\_\_\_ SHOE JOINT 34  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT 77 BBLs Freshwater

OWNER \_\_\_\_\_  
 CEMENT AMOUNT ORDERED 150 s x ASC + 5 Kcl-seal  
1000 Gal mud-clean

EQUIPMENT  
 PUMP TRUCK # 352 CEMENTER CARL Dalding  
 HELPER Stane Waiser  
 BULK TRUCK # 301 DRIVER Dave West  
 BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON \_\_\_\_\_ @ \_\_\_\_\_  
 POZMIX \_\_\_\_\_ @ \_\_\_\_\_  
 GEL \_\_\_\_\_ @ \_\_\_\_\_  
 CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

RECEIVED -  
KANSAS CORPORATION COMMISSION

TOTAL \_\_\_\_\_

REMARKS:

pump 1000 Gal mud-clean  
150 s x ASC + 5" Kcl-seal  
wash pump + lines  
Release plug.  
Displace with 77 BBLs Freshwater.  
Dump plug + shut in.

OCT 27 2000

SERVICE

CONSERVATION DIVISION  
 DEPTH OF JOB 4832  
 PUMP TRUCK CHARGE \_\_\_\_\_  
 EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
 MILEAGE \_\_\_\_\_ @ \_\_\_\_\_  
 PLUG Rubber \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

CHARGE TO: Deutsch Oil Co.  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FLOAT EQUIPMENT

1 Port Cellar \_\_\_\_\_ @ \_\_\_\_\_  
1 Van AFD Insert \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_  
 \_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

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.

TAX \_\_\_\_\_  
 TOTAL CHARGE \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Ling I Reed

GARY L. REED  
 PRINTED NAME