

FORM MUST BE TYPED

ORIGINAL SIDE ONE

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

API NO. 15-055-21,0480001D-26,806

Operator: License # 5210
Name: LEBSACK OIL PRODUCTION, INC.
Address: P.O. BOX 489
HAYS, KANSAS 67601
City/State/Zip

County Finney
SW SW SW Sec. 7 Twp. 21 Rge. 34 E
330 Feet from S (circle one) Line of Section
4950 Feet from E (circle one) Line of Section

Purchaser: _____
Operator Contact Person: Rex Curtis
Phone (913) 625-5444

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Crist 1-7 Well # 1-7SWD
Field Name Christabelle

Contractor: Name: _____
License: _____
Wellsite Geologist: Wayne Lebsack

Producing Formation Cedar Hills
Elevation: Ground 3066' KB 3071'
Total Depth 4970' PSTD 1800'
Amount of Surface Pipe Set and Cemented at 315' Feet

Designate Type of Completion
 New Well X Re-Entry Workover
 Oil X SWD S10W Temp. Abd.
 Gas ENHR S16W
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Multiple Stage Cementing Collar Used? X Yes No
If yes, show depth set DV @ 2187' Feet
If Alternate II completion, cement circulated from 2187'
feet depth to surface w/ 300 sx sx cat.

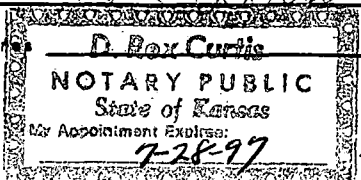
If Workover/Re-Entry: old well info as follows:
Operator: Lebsack Oil Production, Inc.
Well Name: Crist 1-7
Comp. Date 2/24/92 Old Total Depth 4966'
 Deepening Re-perf. X Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-29-93 8-2-93
Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Chloride content 17,000 ppm Fluid volume bbls
Dewatering method used evaporation
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, 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 Wayne Lebsack
Title President Date 8-18-93
Subscribed and sworn to before me this 18 day of August
19 93
Notary Public D. Rex Curtis
Date Commission Expires 7-28-97



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
DISTRIBUTION RECEIVED
STATE CORPORATION COMMISSION
KCC _____ Plug _____ Other _____
KGS _____
AUG 19 1993
CONSERVATION DIVISION
Form ACO-1 Wichita, Kansas

Operator Name _____

Lease Name _____

Well # _____

East

County _____

Finney

Sec. 7 Twp. 21 Rge. 34

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 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:

Acoustic Bond Log

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Cedar Hills 1521' + 1545

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		8-5/8	28	315'	60/40 Poz	200	
Production		4-1/2"	9.5	4949'	Thixset	385	
Tubing		2-3/8"	4.7	1510'			

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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
LSPF	1540 to 1814		NA	

TUBING RECORD	Size	Set At	Packer At	Liner Run
Durolined	2-3/8"	1510'	1510'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. _____
 Tested injection rate 8-10-93
 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval _____

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY FINNEY STATE Ks

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 EZSV SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA CIRPO 2200' TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>u</u>	<u>9.5</u>	<u>4 1/2</u>	<u>KB</u>		
LINER						
TUBING	<u>u</u>	<u>4.7</u>	<u>2 3/4</u>	<u>KB</u>		
OPEN HOLE						SHOTS/FT.
PERFORATIONS						<u>2130-3</u>
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-28-93</u>	DATE <u>7-28-93</u>	DATE <u>7-28-93</u>	DATE _____
TIME <u>0830</u>	TIME <u>1100</u>	TIME <u>1110</u>	TIME _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Jeff Clark</u> <u>#11281</u>	<u>110089</u> <u>pu</u>	<u>Liberal, Ks</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

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 Tools

DESCRIPTION OF JOB Run EZSV & set w/ manual setting device.

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Wayne Leback

HALLIBURTON OPERATOR Jeff Clark COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>Lead</u>	<u>300</u>	<u>Pcem. Plus</u>	<u>HLC</u>	<u>B</u>	<u>2% CC</u>	<u>2.08</u>	<u>12.3</u>
<u>Tail</u>	<u>100</u>	<u>Pcem. Plus</u>		<u>B</u>	<u>2% CC</u>	<u>1.32</u>	<u>14.8</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISP: BBL.-GAL. _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. _____

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

TREATING _____ DISPL. _____ OVERALL _____

FEET _____ REASON: EZSV Squeeze

STATE CORPORATION COMMISSION

RECEIVED

AUG - 2 1993

RAMARKS _____

CUSTOMER: Leback O.I. Co.
LEASE: Foster
WELL NO.: 1-18
JOB TYPE: EZSV
DATE: 7-28-93

JOB LOG FORM 2013 R-3

CUSTOMER Lebsack Oil Co.	WELL NO. 1-18	LEASE Foster	JOB TYPE EZSV	TICKET NO. 501383
-----------------------------	------------------	-----------------	------------------	----------------------

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							Called Out - ready now
								ENGINEER forgot tool call sheet
	1100							on location - rig waiting
	1110							Pick up Manual Setting Device (50410-411)
	1115							TOH w/ EZSV - Tally - 150 Hrs on loc.
	1215							Set EZSV @ 1215 2158'
	1540							Pump Tek on loc.
	1610							Cut on loc
	1652	1 1/2	7	-				Load tbg.
	1655	1 1/2	18	-		1000	0	Injection Rate
	1705	2	107	-		450	0	start 300 sy Premium Plus "HLC" w/ 2% CC downhole @ 12.3 #/gal
	1758	2	23	-		0	0	start 100 sy Premium Plus w/ 2% CC downhole @ 14.8 #/gal
	1808	2	8.0	-		0	0	start displacement
	1812							Displacement Complete
								string out of EZSV
	1814	4	30	-		0	400	load annulus & recover out 3/4 bbl cut to pit
	1825							Rig off well head
	1830							TOH w/ Tools
	1925							Loaded out
								Released from duty
								Thank You for calling
								Halliburton
								Jeff