

ORIGINAL 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 # 9839

Name: PENDULUM PETROLEUM, INC.

Address P.O. Box 1088

City/State/Zip Arkansas City, KS 67005

Purchaser: none

Operator Contact Person: Bob G. Bazzle

Phone (316) 442-4629

Contractor: Name: ALLEN DRILLING COMPANY

License: 5418

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover NOV

Oil SWD Temp. Abandonment

Gas Inj Delayed Completion

Dry Other (Core, Water Supply, etc.)

If OAWO: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

8/25/90 8/30/90 8/30/90

Spud Date Date Reached TD Completion Date

API NO. 15- 185-22,697-0000

County Stafford

SE NW NW Sec. 3 Twp. 21s Rge. 11 East West

4290 Ft. North from Southeast Corner of Section

4290 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

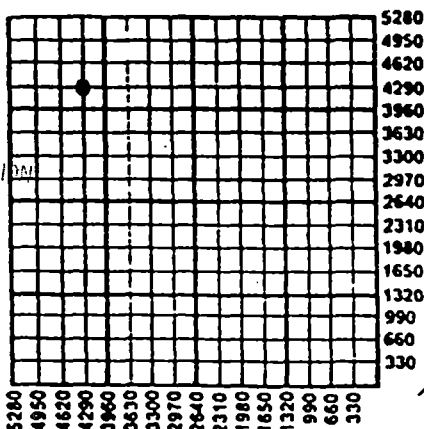
Lease Name SNIDER Well # 1-J

Field Name Snider

Producing Formation D & A

Elevation: Ground _____ KB _____

Total Depth 3450 P8TD _____



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Amount of Surface Pipe Set and Cemented at 267 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Bob G. Bazzle

Title PRESIDENT Date 9/20/90

Subscribed and sworn to before me this 20th day of Sept. 19 90.

Notary Public Beverly A. Pierce

Date Commission Expires _____ Beverly A. Pierce

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Time Log Received

Distribution

KCC SWD/Rep NGPA

KGS Plug Other (Specify)

BEVERLY A. PIERCE
State of Kansas
My Appt. Exp. 11-1-93

SIDE TWO

Operator Name PENDULUM PETROLEUM, INC. Lease Name SNIDER Well # 1-J
 Sec. 3 Twp. 21 Rge. 11 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <th></th> <th><input type="checkbox"/> Log</th> <th><input type="checkbox"/> Sample</th> </tr> <tr> <th>Name</th> <th>Top</th> <th>Bottom</th> </tr> </thead> <tbody> <tr> <td>Brown Line</td> <td>3062</td> <td>-1294</td> </tr> <tr> <td>Kansas City</td> <td>3080</td> <td>-1312</td> </tr> <tr> <td>Simpson</td> <td>3342</td> <td>-1574</td> </tr> <tr> <td>Arbuckle</td> <td>3404</td> <td>-1636</td> </tr> </tbody> </table>	Formation Description				<input type="checkbox"/> Log	<input type="checkbox"/> Sample	Name	Top	Bottom	Brown Line	3062	-1294	Kansas City	3080	-1312	Simpson	3342	-1574	Arbuckle	3404	-1636
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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	12-1/4"	8-5/8" NEW	20#	267'	60/40 Poz	175	2%gel, 3%cc

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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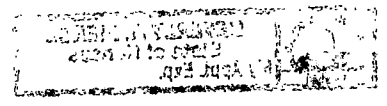
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____



ORIGINAL

CROWN TESTING CO.
224 E. DOUGLAS, SUITE 530
WICHITA, KS 67202

DRILL-STEM TEST DATA

Well Name Snider #1-J	Test No. 1
Well Number 1-J	Zone Tested Arbuckle
Company Pendulum Petroleum-325 S. A-Arkansas City, Ks. 67005	Date 8-29-90
Comp. Rep. Craig Bazzle	Tester Greg Saffa
Contractor Allen Drilling o. Rig #3	Ticket No. 2795
Location Sec. 3 Twp. 21 Rg. 31 Stafford County	Elevation

Recorder No. 13810 Clock Range 12 hr. Blow _____

Depth 3357 Initial Flow Strong blow

Initial Hydro Mud Press. N/A

Initial Flow Press. N/A

Initial Shut-in Press. N/A Final Flow Fair blow

Final Flow Press. N/A

Final Shut-in Press. N/A

Final Hydro Mud Press. N/A

Temperature N/A Initial Flow _____ Mins.

Mud Weight 8.9 Viscosity 60 Initial Shut-in _____ Mins.

Fluid Loss 8.0 Final Flow _____ Mins.

Interval Tested 3339-3357 18 ft. anchor Final Shut-in _____ Mins.

Top Packer Depth 3334 Surface Choke Size 1/2

Bottom Packer Depth 3339 Bottom Choke Size 1/2

Total Depth 3357 Main Hole Size 1/2

Drill Pipe Size 4 1/2 X H Wt. _____ Rubber Size 6 5/8

Drill Collar I.D. _____ Ft. Run _____

Recovery—Total Feet _____

Recovered _____ Feet Of MISRUN PACKER FAILED

Recovered _____ Feet Of _____

Recovered _____ Feet Of _____

Recovered _____ Feet Of _____

Remarks _____

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CONSERVATION DIVISION
WICHITA, KANSAS

CROWN TESTING COMPANY shall not be liable for damage of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, or its statement or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid for by the party for whom the test is made.

By _____
Owner, Operator or his Agent

ORIGINAL

