

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # 6039
Name: L. D. Drilling, Inc.
Address R.R. 1 Box 183 B
City/State/Zip Great Bend, KS. 67530
Purchaser: NCRA
Operator Contact Person: L. D. Davis
Phone (316): 793-3051
Contractor: Name: L. D. Drilling, Inc.
License: 6039
Wellsite Geologist: Kim Shoemaker

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

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PSTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) Docket No. _____
7-15-93 7-22-93 7-28-93
Spud Date Date Reached TD Completion Date

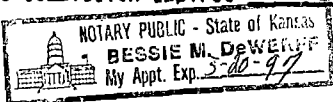
APT NO. 15- 185-22916
County Stafford
NE - SE - SW Sec. 26 Twp. 21S Rge. 12 XX^E_V
990 Feet from SW (circle one) Line of Section
2970 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name DENNIS Well # 7
Field Name Max North
Producing Formation Arbuckle
Elevation: Ground 1835' KB 1840'
Total Depth 3636' PSTD _____
Amount of Surface Pipe Set and Cemented at 330' 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/ _____ sz cat.

Drilling Fluid Management Plan ALT 1 2/24 2-22-94
(Data must be collected from the Reserve Pit)
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, 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. 12-9-93

Signature L. D. Davis
Title L. D. Davis President Date 11-17-93
Subscribed and sworn to before me this 17th day of November, 19 93.
Notary Public Bessie M. DeWerff
Date Commission Expires 5-20-97



RECEIVED
STATE CORPORATION COMMISSION
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
DEC 09 1993
Distribution CONSERVATION DIVISION
Wichita, Kansas
 KCC SWD/Rep Other
 KGS Plug (Specify)

Attachment to ACO-1

LEASE: DENNIS #7 OPERATOR: L. D. Drilling, Inc.

API# 15-185-22916

DST #1 3290-3340 CE&F Zones
 Time: 30-45-45-60
 Blow: bb in 1 1/2 Min. GTS 21 Min. 26,000CF
 GTS through out 19,000-23,000
 Recovery: 30' VSO&GCM
 62' O&GCWM
 279' HO&GCWM
 62' OCMW
 IFP: 175-177 FFP: 204-265 ISIP: 585 FSIP: 583

ORIGINAL

DST #2 3378-3405 H Zone
 Time 30-45-45-60
 Blow: 1st open: bb 27 min.
 2nd open: bb in 14 min.
 Recovery: 25' socm
 347' Gip
 IFP: 58-29 FFP: 58-39 ISIP: 97 FSIP: 107

DST #3 3412-3462 I J K Zone
 Time: 30-45-45-60
 Blow: 1st open: off bb in 1 min.
 2nd open off bb immediately GTS 2 min.
 Recovery: 41' Clean oil, 155' Muddy oil 91% oil, 3% water, 6% mud
 IFP: 88-68 FFP: 109-121 ISIP: 870 FSIP: 841

DST #4 3350-3612 Arbuckle
 Times: 20-30-20-30-
 1st open: weak blow died 14 min.
 2nd open: no blow
 Recovery: 10' SOCM, 3% oil
 IFP 107-107 FFP: 107
 ISIP: 160 FSIP: 126

DST #5 3608-3626 Arbuckle
 Times: 30-45-45-60
 Blow: 1st open: bb in 12 min.
 2nd open: bb in 3 min.
 Recovery: 1120' gip, 80' co, 40°, 64' mc oil, 58% oil
 IFP: 78-49 FFP: 78-69 ISIP: 1125 FSIP: 1099

RECEIVED
 STATE CORPORATION COMMISSION

DEC 09 1995

CONSERVATION DIVISION
 Wichita, Kansas

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-5861, Great Bend, Kansas

ORIGINAL

Phone Plainville
 Phone Ness City 913-798-

ALLIED CEMENTING CO., INC.

1656

Home Office P. O. Box 31

Russell, Kansas 67665

New

Date	7-15-93	Sec.	21b	Twp.	21	Range	12	Called Out	3:00 PM	On Location	5:45 AM	Job Start	7:30 PM	Finish	8:00 PM	
Lease	Dennis	Well No.	#7	Location				Ike + Jos, 2N, 1/2 W, 1/4 into	County	Stafford	State	KS				

Contractor	L. D. Drilling	
Type Job	Surface	
Hole Size	12 1/4"	T.D. 330'
Csg.	8 3/8"	Depth 330'
Tbg. Size		Depth
Drill Pipe		Depth
Tool		Depth
Cement Left in Csg.	15'	Shoe Joint
Press Max.		Minimum
Meas Line		Displace 19 3/4 bbl
Perf.		

Owner	Same
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 listed.	
Charge To	L. D. Drilling Inc.
Street	
City	State
The above was done to satisfaction and supervision of owner agent or contractor.	
Purchase Order No.	
x. <i>[Signature]</i>	
CEMENT	

EQUIPMENT

#	No.	Cementer	Tim
Pumptrk	181	Helper	Bob W.
	No.	Cementer	
Pumptrk		Helper	
#		Driver	Dwane
Bulktrk	101	Driver	

Amount Ordered	215.5K \$ 60/40 37cc. 226cl
Consisting of	
Common	
(Poz. Mix	
Gel.	
Chloride	
Quickset	
	Sales Tax

DEPTH of Job	
Reference:	Pumptrk Charge
	Pumptrk Mileage
1	8 3/8 WOODEN Plus
	Sub Total
	Tax
	Total

Handling	
Mileage	
	Sub Total
	Total
Floating Equipment	

Remarks: Cement Did Circulate,

[Signature]

Allied Cementing
 By Tim Dickman

RECEIVED
 STATE CORPORATION COMMISSION
 DEC 09 1995
 CONSERVATION DIVISION
 WICHITA, KANSAS

JOB LOG FORM 2013 R-3

CUSTOMER: D.D. Inc. WELL NO.: #7 LEASE: Deann JOB TYPE: 5th Prod. Well TICKET NO.: 5121

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS	PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
					TUBING	CASING	
	09:15						Called Out
	11:00						On Loc
	12:30						Spot & Set up Equip. - Plug Job Start 5 1/2" x 14 1/2" P. in H.L. 7' 1/2" Form Plug Shoe - Set @ 3214' 4.5" S.I. Cement in on 2-4.1-9 C.H. Casing in Hole Hook up to Casing + TD (3214') Pick up 10' (3214') Plug Shoe Hook up PC in on 18 1/2" Casing 7' Rig Pump Hook up to PT
	15:10				150		Start Pump Salt Fluid (Salt 1200#)
	15:14				295		F. Salt Fluid
	15:16				300		Start Pump 4.5" x 14 1/2" P. / 3.1" x 15' S.H. 3/4" H.L. (1200#) 1/2" FL. L. 5.0" x 14 1/2" P. / 3.1" x 15' S.H. 1/2" Plug Shoe 5' C.H.
	15:27				100		F. Salt Pumping Release Plug - Plug Ret Hole (15ft) Work out Plug
	15:29				100		Start Dissol
	15:43				500		F. Dissol
	15:49				1000		Plug Loaded
	15:44				0		Release Pres - Drilled up - OK Job Complete

John
John

RECEIVED
STATE CORPORATION COMMISSION

DEC 09 1993

CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER

WELL DATA

FIELD _____ SEC. 26 TWP. 21^S RNG. 10^W COUNTY Stafford STATE K

FORMATION NAME	TYPE	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
FORMATION THICKNESS	FROM TO	CASING	<u>14</u>	<u>5 1/2</u>	<u>KB</u>	<u>3614</u>	
INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD		LINER					
PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD		TUBING					
COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____		OPEN HOLE		<u>7 1/2</u>	<u>3111</u>	<u>3621</u>	SHOTS/FT.
PACKER TYPE _____ SET AT _____		PERFORATIONS					
BOTTOM HOLE TEMP. _____ PRESSURE _____		PERFORATIONS					
MISC. DATA _____ TOTAL DEPTH _____		PERFORATIONS					

JOB DATA

TOOLS AND ACCESSORIES

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

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>11-20-97</u>	DATE <u>11-20-97</u>	DATE <u>11-20-97</u>	DATE _____
TIME <u>7:15</u>	TIME <u>9:00</u>	TIME <u>12:00</u>	TIME _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>W. Becker</u>	<u>41000 (Comb)</u>	<u>Hays, K.</u>
<u>A. Gabel</u>	<u>52124</u>	
<u>M. Paul</u>	<u>DT</u>	
	<u>860</u>	

ORIGINAL

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API

DISPL. FLUID _____ DENSITY _____ LB/GAL. API

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. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Production

DESCRIPTION OF JOB Case 5" Prod. H.

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

CUSTOMER REPRESENTATIVE X L. D. Deam

HALLIBURTON OPERATOR W. Becker COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>90</u>	<u>10-11-P</u>		<u>0</u>	<u>5% Cel, 1% S-1, 2% H-1, 2% P-1</u>	<u>1.32</u>	<u>14.67</u>
	<u>50</u>	<u>10-11-P</u>		<u>0</u>	<u>5% Cel, 1% S-1, 2% H-1, 2% P-1, 5% B-1</u>	<u>1.43</u>	<u>14.3</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

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 _____ REASON _____

PRESLUSH: BBL.-GAL. _____ TYPE _____

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

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 87.5

CEMENT SLURRY: BBL.-GAL. 21.84 12.7: 33.7

TOTAL VOLUME: BBL.-GAL. _____

REMARKS

See Job Log

W. Becker

RECEIVED
STATE CORPORATION COMMISSION

DEC 09 1997

CONSERVATION DIVISION
Wichita, Kansas



HALLIBURTON
ENERGY SERVICES

TICKET CONTINUATION

COPY

TICKET No. **7-22**
DATE **7-22**
PAGE **1**

RECEIVED
OPERATION COMMISSION
DEC 9 1993
DIVISION
SERVING
Wichita, Kansas

CUSTOMER **L. D. Drilling Inc.** WELL **Dennis #7**

FORM 1911 R-9

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF								
504-136		1		B		40/60 Pozmix Standard	140				5 55	777 00
509-968	516.00158	1		B		Salt Blended & On side	1600	1b			13	208 00
507-153	516.00161	1		B		CFR-3 Blended	87	1b			4 55	396 85
507-210	890.50071	1		B		Flocele Blended XX	17	1b			1 40	23 80
508-291	516.00337	1		B		Gilsonite Blended W/50Poz	250	1b			40	100 00
500-207		1		B		SERVICE CHARGE					1 25	211 25
500-306		1		B		MILEAGE CHARGE					85	130 51

ORIGINAL

CONTINUATION TOTAL **1,846 41**



COPY

TICKET

No. 512185 - 3

FORM 1906 R-12

PAGE 1 OF 2

1	WELL/PROJECT NO. 11111111	LEASE Dennis	COUNTY/PARISH Stafford	STATE KS	CITY/OFFSHORE LOCATION	DATE 2-22-93	OWNER Some
2	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR C. Teal	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO Well St.	ORDER NO.
3	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION 22-22-21		

REFERRAL LOCATION	INVOICE INSTRUCTIONS
-------------------	----------------------

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING LOC.	ACCT.	DF	TIME	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
100-117		1				MILEAGE PT (2112)	20	mi			0.75	15.00
101-076		1				PT (1/2) E 7-225	2111				1.45	1845.00
ST	855134	1				Packet Shoe	1	pc	5 1/2		2514.00	2514.00
92	855134	1				Full Unit	1	pc	1		55.00	55.00
40	802-98007	1				S 4/2	1	pc	1		476.00	476.00

ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: X [Signature]

DATE SIGNED: DEC 29 1993 TIME SIGNED: 12:15

A.M. P.M.

do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY: <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE	PAGE TOTAL
TYPE LOCK	DEPTH		
BEAN SIZE	SPACERS	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	FROM CONTINUATION PAGE(S)
TYPE OF EQUALIZING SUB.	CASING PRESSURE		
TUBING SIZE	TUBING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
WELL DEPTH		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): X [Signature]

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): [Signature]

HALLIBURTON OPERATOR/ENGINEER: [Signature] EMP #

HALLIBURTON APPROVAL:

Wichita, Kansas