

CONFIDENTIAL

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

API NO. 15- 097-21,3216 001 **ORIGINAL**

County Kiowa

C - NW - SE Sec. 3 Twp. 28S Rge. 19 X E W

1980 Feet from (S)W (circle one) Line of Section

1980 Feet from (E)W (circle one) Line of Section

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

Lease Name Wheeler Well # 1

Field Name Einsel

Producing Formation Mississippi

Elevation: Ground 2263' KB 2269'

Total Depth 4930' PBD 4895'

Amount of Surface Pipe Set and Cemented at 442 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sz cmt.

Drilling Fluid Management Plan REENTRY J# 2-26-97  
(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. \_\_\_\_\_

Operator: License # 5118

Name: TGT Petroleum Corp.

Address 155 N. Market

Suite 820

City/State/Zip Wichita, Ks. 67202

Purchaser: Cibola Corp.

Operator Contact Person: B. Lynn Herrington

Phone (316) 262-6489

Contractor: Name: Ludwick Well Service

License: 8234

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SIDW  Temp. Abd.  
 Gas  EMHR  SIGW  
 Dry  Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: TGT Petroleum Corporation

Well Name: Wheeler #1

Comp. Date was TA'd Old Total Depth 4930'

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

2/23/94 Delay  
3/7/94

Date OF REENTRY Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

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 B. Lynn Herrington  
Title Executive Vice-President Date 6/20/94

Subscribed and sworn to before me this 20th day of June, 19 94.

Notary Public Judith K. Moser

Date Commission Expires May 17, 1997

6-21-94  
K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received  
RECEIVED  
CORPORATION COMMISSION  
Distribution JUN 21 1994  
 KCC  SWD/Rep  
 KGS  Plus  Other  
(Specify)  
CONSERVATION DIVISION  
Wichita, Kansas

JUDITH K. MOSER  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appl. Exp. 5-17-97

Operator TGT Petroleum Corp. Lease Name Wheeler Well # 1  
JAN 10 1990  East County Kiowa  
 Sec. 3 Twp. 28S Rpt. 19  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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1209'	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	3727'	
List All E.Logs Run:	None	Heebner	4076'	
		Brown Lime	4232'	
		Lansing	4239'	
		Base R.C.	4638'	
		Cherokee	4777'	
		Mississippi	4840'	

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"	24 #	442'	60/40 Poz	215	
Production	7 7/8"	5 1/2"	14 #	4928.5'	50/50 Poz	255	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
Four	4849'-56'		None	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		2 3/8"	4845'					
Date of First, Resumed Production, SWD or Inj.			Producing Method					
3/7/94			<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	Bbla.	Gas	Mcf	Water	Bbla.	Gas-Oil Ratio	Gravity
	N/A			1000		5		

Disposition of Gas:	<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACD-18.)	METHOD OF COMPLETION	Production Interval
		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	4849'-56'