

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

Operator: License # .....5339.....  
Name .....Bergman Oil Company.....  
Address .....520 Union Center.....  
.....Wichita, Kansas 67202.....  
City/State/Zip .....

Purchaser.....none.....

Operator Contact Person ...Harold I. Bergman...  
Phone .....316-267-5291.....

Contractor: License # .....5659.....  
Name .....Bergman Drilling, Inc.....

Wellsite Geologist.....Harold I. Bergman.....  
Phone.....316-267-5291.....

Designate Type of Completion  
 New Well     Re-Entry     Workover  
  
 Oil                     SWD                     Temp Abd  
 Gas                     Inj                     Delayed Comp.  
 Dry                     Other (Core, Water Supply etc.)

If ONWO: old well info as follows:  
Operator .....

WELL HISTORY

Drilling Method:  
 Mud Rotary     Air Rotary     Cable

..11-9-85...    ..11-17-85...    ..11-17-85...  
Spud Date            Date Reached TD            Completion Date

.....3656...    ....3656.....  
Total Depth            PBTD

Amount of Surface Pipe Set and Cemented at 300 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set.....feet  
If alternate 2 completion, cement circulated  
from.....feet depth to.....w/.....SX cmt  
Cement Company Name .....Allied Cementing..  
Invoice # .....44896.....

API NO. 15-.....185-22,305,0000.....  
County.....Stafford.....  
..SE .NE.NW... Sec. 31. Twp 21..Rge. 11...  West

<sup>4390</sup>  
.....Ft North from Southeast Corner of Section  
<sup>2970</sup>  
.....Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

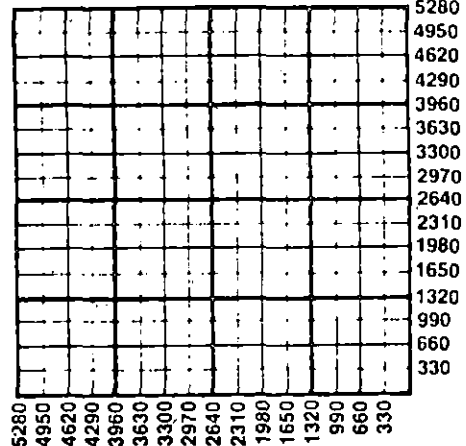
Lease Name.....Mellies.....Well #.....5.....

Field Name.....

Producing Formation.....none.....

Elevation: Ground.....1767.KB...1772.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water:                     Disposal  
Docket # .....                     Repressuring

Questions on this portion of the ACO-1 call:  
Water Resources Board (913) 296-3717

Source of Water:  
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner  
(Well)                    .....Ft West from Southeast Corner of  
                                  Sec    Twp    Rge     East     West

Surface Water.....Ft North from Southeast Corner  
(Stream, pond etc).....Ft West from Southeast Corner  
                                  Sec    Twp    Rge     East     West

Other (explain).....  
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. 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 .....  
Title..... Date 11-27-85

Subscribed and sworn to before me this 27 day of November 1985

Notary Public.....  
Alma A. Neises

Date Commission Expires.....May 31, 1988

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Drillers Timelog Received  
Distribution  
 KCC                     SWD/Rep                     NGPA  
 KGS                     Plug                     Other  
(Specify)

STATE CORPORATION COMMISSION

DEC 2 1985

Form ACO-1 (7-84)

Sec. 31, Twp 21, Rge. 11

SIDE TWO

Operator Name ..... Bergman Oil Company ..... Lease Name ..... Liles ..... Well # ..... 5 .....

Sec. .... 31 ... Twp. .... 21 ..... Rge. .... 11 .....  East  West County ..... Stafford .....

WELL LOG

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  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No

Formation Description  
 Log  Sample

Name	Top	Bottom
Heebner	3037	1265
Brown Lime	3167	1395
Lansing	3187	1415
Base KC	3419	1647
Cong.	3501	1729
Simpson Sand	3594	1822
TD	3645	1873

CASING RECORD <input checked="" 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 1/2	8 5/8	20#	260	.60/40	200	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size	Set At	Packer at					
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....						
Estimated Production Per 24 Hours	Oil	Gas	Water	Gas-Oil Ratio	Gravity		
	Bbls	MCF	Bbls	CFPB			

METHOD OF COMPLETION

Production Interval

Disposition of gas:  Vented  Open Hole  Perforation  
 Sold  Other (Specify) .....  
 Used on Lease  Dually Completed .....  
 Commingled .....