

ORIGINAL

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

Operator: License # 31353
Name: Savoy Oil & Gas, Inc.
Address P. O. Box 1510
Traverse City, MI
49685

Purchaser: _____
Operator Contact Person: Mr. Jack Rokos
Phone (616) 941-4811

Contractor: Name: Glaves Co., Inc.
License: 30864

Wellsite Geologist: Mr. Preston Payne

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S1OW 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 PBT0
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
12-8-93 12-14-93 12-14-93
Spud Date Date Reached TD Completion Date

API NO. 15- 095-21,686-0000
County Kingman
SW SW Sec. 32 Twp. 30S Rge. 6 E W

660 Feet from N (circle one) Line of Section
660 Feet from E (circle one) Line of Section

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

Lease Name Pomeroy Well # 1
Field Name Maple Grove

Producing Formation None
Elevation: Ground 1550 XB 1555
Total Depth 3680 PBT0 0

Amount of Surface Pipe Set and Cemented at 211 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.

Drilling Fluid Management Plan DATA 3-3-94
(Data must be collected from the Reserve Pit) CB

Chloride content 8500 ppm Fluid volume 360 bbls
Dewatering method used haul to disposal

Location of fluid disposal if hauled offsite: _____

Operator Name General Oil Co.
Lease Name Bauer No. 1 License No. _____

N/2 XXXX Sec. 9 Twp. 31 S Rng. 6 E W
County Harper 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 David C. Hooley
Title Agent Date 1/6/94
Subscribed and sworn to before me this 6th day of January,
1994
Notary Public Sue Ann Burt
Data Commission Expires 2/15/95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
DISTRIBUTION OF INFORMATION TO STATE CORPORATION COMMISSION
KCC _____ SWD/Rep _____
KGS _____ Plug _____
RECEIVED
JAN 12 1994
(Specify)
CONSERVATION DIVISION
Wichita, Kansas

Operator Name Savoy Oil & Gas, Inc. Lease Name Pomeroy Well # 1
 Sec. 32 Twp. 30S Rge. 6 East County Kingman
 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 rate; 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:
 Dual Induction
 Neutron/Density Porosity

Name	Formation (Top), Depth and Datum	
	Top	Datum
Indian Cave	2264	-709SS
Stotler	2446	-891
Howard	2685	-1130
Topeka	2882	-1327
Heebner	3225	-1670
Douglas	3323	-1768
Stalnaker	3558	-2008

CASING RECORD <input type="checkbox"/> New <input checked="" 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	211	Class A	150	2% Gel 3% Cacl

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				
		See Plugging Record		

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
	None			

Date of First, Resumed Production, SWD or Inj.	Producing Method
None	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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) D & A

Production Interval: None

SERVICE TICKET

UNITED CEMENTING & ACID CO., INC.

ORIGINAL
NO. 4458

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 12-9-93 COUNTY Keosauqua

CHG. TO: Sandy Old * Gas ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEASE & WELL NO. Pomroy #1 SEC. _____ TWP. _____ RNG. _____

CONTRACTOR W. L. Dyer TIME ON LOCATION 1:15 AM

KIND OF JOB Count Surfact Pipe

SERVICE CHARGE: 1 Cement Unit 325.00

QUANTITY	MATERIAL USED	TYPE	
150	Saf Class-A-Cement	@ 4.95	742.50 *
3	Saf Hel	@ 8.00	24.00 *
5	Saf Chloride	@ 21.00	105.00 *
158	BULK CHARGE Saf	@ .80	126.40 *
60	BULK TRK. MILES (8 tons x 60 x 60 miles)		288.00 *
	PUMP TRK. MILES		
1-8%	PLUGS top wooden plug	@	30.00 *
	SALES TAX		77.64
	TOTAL		1,718.54

T. D. 213

CSG. SET AT 211 VOLUME _____

SIZE HOLE 12 1/4

TBG SET AT _____ VOLUME _____

MAX. PRESS. _____

SIZE PIPE 4 3/4

PLUG DEPTH 197

PKER DEPTH _____

PLUG USED Wooden Rubber Cg

TIME FINISHED _____

REMARKS: Cement Air

150 Compa Count
2 1/2 Hel
3% CE

mu well

EQUIPMENT USED

NAME Chit UNIT NO. _____

NAME Scott

Rosmond
CEMENTER OR TREATER

R. M. M. D.
OWNER'S REP.

RECEIVED
STATE CORPORATION COMMISS
JAN 10 1994
CONSERVATION DIVISION
Wichita, Kansas

SERVICE TICKET

ORIGINAL

UNITED CEMENTING & ACID CO., INC.

Nº 4705

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 12-14-93 COUNTY Kingman
 CHG. TO: Lavoy Oil & Gas ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 LEASE & WELL NO. Pomeroy #1 SEC. 32 TWP. 30 RNG. 6
 CONTRACTOR Glavin Oil Co TIME ON LOCATION 7:00 PM
 KIND OF JOB Plug
 SERVICE CHARGE: 1 Cnty Unit 400.00

QUANTITY	MATERIAL USED	TYPE		
140	Saf 60-40	Permit	@	4.00
3	Saf	Hel	@	8.00
143	BULK CHARGE Saf		@	.80
60	BULK TRK. MILES	(7 tons x 60 x 60 miles)		
	PUMP TRK. MILES			
	PLUGS	None		
	SALES TAX			79.66
	TOTAL			1,429.86

T. D. _____
 SIZE HOLE 7 1/2
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT _____ VOLUME _____
 SIZE PIPE _____
 PKER DEPTH _____
 TIME FINISHED 10:20 PM

REMARKS:
35 sl 1200'
35 sl 550'
35 sl 260'
25 sl 60'
10 sl 1PH
manwell

140 sl 60-40 Permit
20 Hel

EQUIPMENT USED

NAME C. Omer
 UNIT NO. _____
Raymond
 CEMENTER OR TREATER

NAME Jim

Kevin Marasa
 OWNER'S REP.

UNIT NO. _____
RECEIVED
 STATE CORPORATION COMMISS

JAN 10 1994

CONSERVATION DIVISION
 Wichita, Kansas