

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

Operator: License # 32457

Name: Abercrombie Energy, LLC

Address 150 N. Main - Suite 801

City/State/Zip Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Jerry Langrehr

Phone (316) 262-1841

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Tom Funk

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 PBSD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

11-12-99 11-17-99 11-18-99

Spud Date Date Reached TD Completion Date

API NO. 15- 063-21540 0000

County Gove County, Kansas

NE NW NW Sec. 24 Twp. 15 Rge. 29 XX^E_W

554 Feet from S (N) (circle one) Line of Section

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

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

Lease Name L. Fullmer Well # 1-24

Field Name Wildcat

Producing Formation _____

Elevation: Ground 2513' KB 2521'

Total Depth 4025 PBSD _____

Amount of Surface Pipe Set and Cemented at 336 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 must be collected from the Reserve Pit)

Chloride content 13,000 ppm Fluid volume 1150 bbls

Dewatering method used Evaporation

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.

Signature Steve Frankamp

Title Steve Frankamp, President Date 11/29/99

Subscribed and sworn to before me this 29th day of November, 19 99.

Notary Public Sandra C. McCaig

Date Commission Expires 1-31-02

K.C.C. OFFICE USE ONLY		
F <input checked="" type="checkbox"/>	Letter of Confidentiality Attached	
C <input type="checkbox"/>	Wireline Log Received	
C <input type="checkbox"/>	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		

SANDRA C. McCAIG
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-31-02

SIDE TWO

Operator Name Abercrombie Energy, LLC Lease Name L. Fullmer Well # 1-24
 Sec. 24 Twp. 15 Rge. 29 East West
 county Gove County, Kansas

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Radiation Guard	<table border="0" style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anh</td> <td>1947</td> <td>(+574)</td> </tr> <tr> <td>B/Anh</td> <td>1977</td> <td>(+544)</td> </tr> <tr> <td>Heeb</td> <td>3628</td> <td>(-1107)</td> </tr> <tr> <td>Lans</td> <td>3667</td> <td>(-1146)</td> </tr> <tr> <td>Mun Crk</td> <td>3831</td> <td>(-1310)</td> </tr> <tr> <td>BKC</td> <td>4005</td> <td>(-1484)</td> </tr> <tr> <td>LTD</td> <td>4025</td> <td></td> </tr> <tr> <td>RTD</td> <td>4025</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anh	1947	(+574)	B/Anh	1977	(+544)	Heeb	3628	(-1107)	Lans	3667	(-1146)	Mun Crk	3831	(-1310)	BKC	4005	(-1484)	LTD	4025		RTD	4025	
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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"	24#	336'	60/40	225	3%cc 2%gel

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) 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, Resumed Production, SWD or Inj.	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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____