

3371 COPY

36-28-14E

SIDE ONE

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

Operator: License # 5401
Name: Akandas, Inc.
Address: 1102 W. 1st street
Chanute, Kansas 66720
City/State/zip Chanute, Kansas 66720
Purchaser: n/a none sold from this well
Operator Contact Person: John Mears
Phone (316) 431-2129

Contractor: Name: Fleming drilling, Inc.
License: 5378

Wellsite Geologist: none

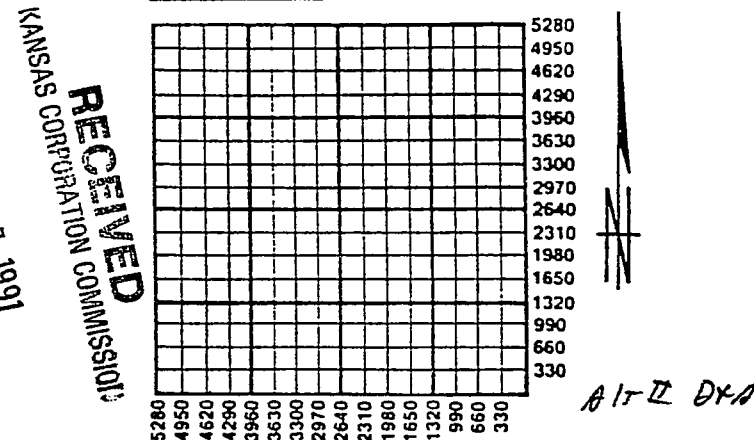
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed
 Dry Other (Core, Water Supply, etc.)

NOTE: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

12/15/90 12/27/90 12/27/90
Spud Date Date Reached TD Completion Date

API NO. 15- 205-24,913
County Wilson
SE SWSE SW Sec. 36 Twp. 28 Rge. 14 E
2590fsl Ft. North from Southeast Corner of Section
2270fel Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Mears Well # 3
Field Name Fredonia
Producing Formation _____
Elevation: Ground _____ KB _____
Total Depth 1092' PBDT _____



Amount of Surface Pipe Set and Cemented at 42' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from well was dry
feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 John Mears
Title Sec. Treas. Date 11-11-91

Subscribed and sworn to before me this 11th day of NOVEMBER, 1991.
Notary Public Phyllis I. Greve
Date Commission Expires 8th June 1995

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) IS.

PHYLLIS I. GREVE
Neosho County, Kansas
Appt. Exp. 8 June 95

SIDE TWO

Operator Name Akandas, Inc. Lease Name Mears Well # 3
 Sec. 36 Twp. 28 Rge. 14E East West
 County Wilson

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
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Formation Description
 Log Sample
 Name _____ Top _____ Bottom _____
Cornish Wellbore Services, Inc.
Copy attached

CASING RECORD New 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

PERFORATION RECORD
 Shots Per Foot _____ 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 Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift 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 Perforation Dually Completed Commingled
 Other (Specify) plugged

Production Interval _____

COPY WELL RECORD

36-28-14E

API: 205 24-913

Well No. 3 Farm Mears Producer Akandas, Inc.

Location 2590 JSP 2270 JEL Sec. 26 Twp. 28 Rg. 14E

Elevation _____ State Kansas County Wilson

Kind (Oil, Gas, Water, Dry Hole) _____ Contractor Fleming Drilling, Inc.

Producing formation _____ Top _____ Bottom _____

Shot with _____ qts. _____ from _____ to _____

Packer Set at _____ Kind _____ Size _____

Liner _____ from _____ to _____ Perforated from _____ to _____

LOG

Thick-ness	Strata	Depth	Thick-ness	Strata	Depth
2	top soil	2	6	lime	821
22	clay	24	1	shale	822
18	shale, surface	42	158	shale	980
58	shale	100	5	shale, sandy	985
6	lime	104	27	shale	1012
8	shale	112	6	coal	1008
96	lime	208	84	shale	1092
18	shale	226			
16	lime	242			
6	shale	248			
16	lime	264			
14	shale	278			
104	lime	382			
103	lime	485			
11	shale	496			
32	lime	528			
15	shale	543			
6	lime	549			
2	shale	551			
3	lime	554			
31	shale	585			
37	lime	622			
7	lime	629			
100	shale	729			
3	lime, 40'	732			
6	shale	738			
21	lime	759			
41	shale	790			
20	lime, 20'	810			
5	shale	815			

Total Depth 1092'

Open Hole set 42' of pipe for surface
Cemented with 8 sacks cement

Casing _____ at _____

Casing _____ at _____

Casing _____ at _____

Cement _____

Tubing _____

Rods _____

Additional Information

_____ well was plugged with 10 sacks
_____ on bottom and 10 sacks at 500'
_____ Cemented 350 to top.

Started 12/15/90

Completed 12/27/90

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 13 1991
CONSERVATION DIVISION
WICHITA, KS

Date Completed _____

O. K. _____

Superintendent _____