

COPY *and*

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

API NO. 15- 009-21,3860001

County Barton

C - NE - SE - NE Sec. 3 Twp. 16 Rge. 15 X ^EW

3,630 Feet from (S)N (circle one) Line of Section

330 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 Keil-Strecker Well # 1

Field Name Galatia, North

~~Producing~~ ^{REPRESSURED} Formation Lansing-Kansas City & Toronto

Elevation: Ground 1941 KB 1946

Total Depth 3,449' PBDT 3,408'

Amount of Surface Pipe Set and Cemented at 731 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/ _____ sx cmt.

Drilling Fluid Management Plan REWORK JN 9-9-97
(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 # 5310

Name: Four-Way Operating, Inc.

Address P. O. Box 698

Great Bend, Kansas 67530

City/State/Zip _____

Purchaser: National Cooperatiyer Ref. Assn.

Operator Contact Person: James W. Rockhold

Phone (316) 792-2506

Contractor: Name: Chase Well Service, Inc.

License: 6123

Wellsite Geologist: James W. Rockhold

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
X Gas X ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Four-Way Operating, Inc.

Well Name: Keil-Strecker #1

Comp. Date 11/04/96 Old Total Depth 3,408'

_____ Deepening X Re-perf. X Conv. to (Inj) SWD
_____ Plug Back _____ PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
X Other (SWD or (Inj)) Docket No. E-21,378

11-3-96 5/1/97
Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 James W. Rockhold

Title President Date 5-2-97

Subscribed and sworn to before me this 2nd day of May, 1997.

Notary Public Katherine Sponas

Date Commission Expires 11-3-2000

NOTARY PUBLIC - State of Kansas
KATHERINE S. JONAS
My Appt. Exp. _____

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

Form ACQ-1 (7-91)

IS

Operator Name Four-Way Operating, Inc. Lease Name Keil-Strecker Well # 1

Sec. 3 Twp. 16 Rge. 15
 East
 West

County Barton

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.)
 List All E.Logs Run: Gamma Ray
Casing Collar Log
Radiation Accurlog

Name	Top	Datum
Toronto	3,134'	-1,188
Lansing	3,178'	-1,232
Arbuckle	3,435'	-1,435

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	?	8 5/8"	?	734'	?	325	?
Production	?	4 1/2"	?	3,440'	60/40 Pozmix	150	10% salt

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	3,338 to 3,342' & 3,137 to 3,140'	1,000 acid	
4	3,262 to 3,266 & 3,257 to 3,260'	2,000 acid	
4	3,214 to 3,217'	1,000 acid	
2	3,281 to 3,285; 3,200 to 3,204'	1,000 acid	

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2 3/8"	3,096'	3,101'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.			Producing Method					
5/1/97 MIT by Case Morris			<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: **METHOD OF COMPLETION** **Production Interval**
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

COPY *and*

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

API NO. 15- 009-21,386 0001
County Barton
C-NE-SE-NE Sec. 3 Twp. 16 Rge. 15 X
3,630 Feet from (S)N (circle one) Line of Section
330 Feet from (E)W (circle one) Line of Section

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Producing Formation Lansing-Kansas City & Toronto
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License: 6123
Wellsite Geologist: James W. Rockhold

Amount of Surface Pipe Set and Cemented at 731 Feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set _____ Feet

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 Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan REWORK JK 5-27-97
(Data must be collected from the Reserve Pit)

If Workover:
Operator: Four-Way Operating, Inc.
Well Name: Keil-Strecker #1
Comp. Date 11/04/96 Old Total Depth 3,408'

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) Docket No. E-27,378
4/30/97 5/1/97
Date of START Date Reached TD Completion Date of
OF WORKOVER OF WORKOVER

Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. _____
County _____ Docket No. _____

RECEIVED
KANSAS CORP. COM.
1997/MAY 15

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Signature James W. Rockhold
Title _____ Date 5-2-97

Subscribed and sworn to before me this 2nd day of May, 1997.

Notary Public Katherine Sponas

Date Commission Expires 11-13-2000

NOTARY PUBLIC - State of Kansas
KATHERINE S. JONAS
My Appt. Exp. _____

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

Operator Name Four-Way Operating, Inc. Lease Name Keil-Strecker Well # 1
 Sec. 3 Twp. 16 Rge. 15 East West
 County Barton

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.

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Cores Taken Yes No

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Casing Collar Log

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Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
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<input type="checkbox"/> Plug Off Zone				

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)	
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4	3,214 to 3,217'	1,000 acid	
2	3,281 to 3,285; 3,200 to 3,204'	1,000 acid	

TUBING RECORD

Size <u>2 3/8"</u>	Set At <u>3,096'</u>	Packer At <u>3,101'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 5/1/97 MIT by Case Morris

Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>150</u> 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 3137'-3140'
3214'-3217'
3262'-3285'
3200'-3204'
3338'-3342'