

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

165-21696 0000 10-16S-17W

API NO. 15- _____
County Rush
C - E/2 - NE Sec. 10 Twp. 16S Rge. 17 X W
1320 feet from S(N) (circle one) Line of Section
660 feet from E/W (circle one) Line of Section

Operator: License # 3456
Name: AFG Energy, Inc.
Address P.O. Box 458
City/State/Twp Hays, Kansas 67601

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

Lease Name Urban "K" Well # 8
Field Name Basqall

COPY

Purchaser: _____
Operator Contact Person: Ed Glassman
Phone (913) 625-6374

Producing Formation: None
Elevation: Ground 2001 KB 2009

Contractor: Name: Discovery Drilling, Inc.
License: 31548

Total Depth 3640 PBTD _____
Amount of Surface Pipe Set and Cemented at 1149.64 Feet

Wellsite Geologist: Ed Glassman

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIGW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
 Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If yes, show depth set _____ feet
If Alternate II completion, cement circulated from _____ feet depth to _____ w/ _____ sx cm.

If Workovers:
Operator: _____
Well Name: _____
Comp. Date _____ Old total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Drilling Fluid Management Plan 040 6-14-96
(Data must be collected from the Reserve Pit) Ed

Chloride content 22,000 ppm fluid volume 3000 Hils
Dewatering method used Evaporative

Location of fluid disposal if hauled offsite: _____
Operator Name _____

4/11/96 4/19/96 4/19/96
Spud Date Date Reached TD Completion Date

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, 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 Ed Glassman
Title GEOLOGIST Date 4-29-96
Subscribed and sworn to before me this 29th day of April, 19 96.
Notary Public Linda K Pfannenstiel
Date Commission Expires 2/5/2000

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

LINDA K. PFANNENSTIEL
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 2/5/2000

W-17-201-0

Operator Name AFG Energy, Inc.

Lease Name Urban "K" Well # 8

Sec. 10 Twp. 16S Rge. 17 East West

County Rush

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests plus 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 a copy of log 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
Density-Neutron
Micro Electric

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	1138	+871
Herington	1916	+93
Winfield	1983	+26
Brownville	2681	-672
Topeka	3030	-1021
Heebner	3262	-1253
Lansing	3314	-1305
B/Kansas City	3532	-1523
Arbuckle	3586	-1577

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 Pipe	12 1/4	8 5/8	28	1149.64	60/40Poz	375	2%Gel&3%CC

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back ID				
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	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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)				
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) _____

Production Interval: _____