

COPY

SIDE ONE

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

API NO. 15- 087-20,479
County Jefferson
NE of Sec. 7 Twp. 10 Rge. 17 East West

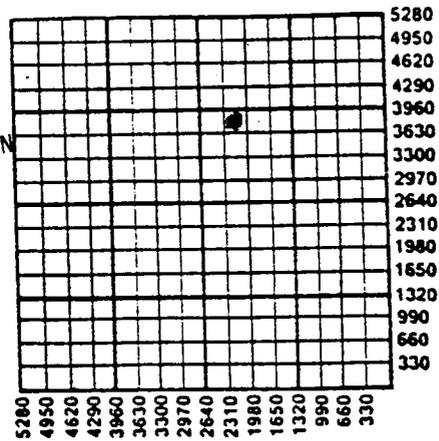
Operator: License # 30779
Name: Oil Land Inc
Address 1725 S.W. 3rd
Topeka Ks 66606
City/State/Zip _____

3876 Ft. North from Southeast Corner of Section
2145 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Purchaser: _____
Operator Contact Person: Gary Conger
Phone (913) 2334724
2335452
Contractor: Name: McGOWN Drilling
License: 5786
Wellsite Geologist: None

Lease Name White Well # 1
Field Name _____
Producing Formation _____
Elevation: Ground 981 KB _____
Total Depth 1864 PBDT _____

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Completion
 Dry Other (Core, Water Supply, etc.)
SEP 24 1991



COMMENTS: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Drilling Method:
 Mud Rotary Air Rotary Cable
Spud Date 8/19/91 Date Reached TD 8/22/91 Completion Date _____

Amount of Surface Pipe Set and Cemented at 64 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 64
feet depth to Surface w/ 45 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 Gary Conger
Title Resident Agent Date 9/23/91

Subscribed and sworn to before me this 23rd day of September, 19 91.
Notary Public Pamela J. Griffin
Date Commission Expires August 4, 1992

Pamela J. Griffin
NOTARY PUBLIC
State of Kansas
MY APPT. EXPIRES

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

Operator Name Oil Land Inc. Lease Name White Well # 1
 Sec. 7 Twp. 10 Rge. 17 East West
 County Jefferson

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 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		
Name	Top	Bottom
LANSING	980	
Base Kansas City	1174	
Mississippi Top	1822	T.D. 1864

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
Surface	12 1/2	8 1/8	24	64		45	3 Sk Cl. Clo.

Shots Per Foot	PERFORATION RECORD 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 None 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) _____
 Production Interval _____