

7-10-20E
COPY

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

MAR 9 8 1995
KANSAS CORPORATION COMMISSION

API NO. 15-15087-20498

County JEFFERSON

SE - SE - NW Sec. 7 Twp. 10 Rge. 20 E.E.E

Operator: License # 03133

Name: KLM EXPLORATION, INC.

Address P.O. BOX 151

600-EAST LAKE

City/State/Zip MCLOUTH, KS 66054

Purchaser:

Operator Contact Person: FELIX ASCANIO

Phone (913) 796-6763

Driller Name: MCGOWN DRILLING, INC.

License: 05786

Wellsite Geologist:

Complete Type of Completion

New Well Re-Entry Workover

Oil SWD SIGW Temp. Abd.

Gas ENHR SIGM

Dry Other (Core, MSW, 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 PSTD

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

11-22-93 11-24-93 11-24-93p/A

Date Date Reached TD Completion Date

2970 Feet from SW (circle one) Line of Section

2970 Feet from SW (circle one) Line of Section

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

Lease Name Walbridge Well # 1

Field Name McLouth

Producing Formation None

Elevation: Ground 1168 KB

Total Depth 1675 PSTD

Amount of Surface Pipe Set and Cemented at 198 Feet

Multiple Stage Cementing Cellar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 198

feet depth to surface w/ 145 oz cat.

Drilling Fluid Management Plan D&A JH 3-21-95
(Date must be collected from the Reserve Pit)

Chloride content FRESH WATER fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. Rge. 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. Rules 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 Larry D. Alex

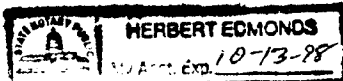
Title CONSULTANT Date 2-28-95

Subscribed and sworn to before me this 28 day of February

1995.

Notary Public Herbert Edmonds

Date Commission Expires Oct. 13, 1998



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

SIDE TWO

Operator Name KLM EXPLORATION, INC Lease Name Walbridge Well # 1

Sec. 7 Twp. 10 Rge. 20
 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 sheet if more space is needed. Attach copy of log.

| | | | | |
|---|---|---|----------------------------------|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BASE KANSAS CITY | | 900 |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | MCLOUTH | | 1598 |
| List All E.Logs Run: | | MISSISSIPPI | | 1646 |
| DLL/SP/GR | | | | |
| FDC/CNL/GR | | | | |

| 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 1/2 | 8 5/8 | 28 | 198 | portland | 145 | 3%Cacl2 |
| | | | | | | | |
| | | | | | | | |

| 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 | 0-350 | portland | 97 | 6% Gel |
| <input type="checkbox"/> Plug Back TD | 750-900 | " " | 15 | 6% " |
| <input type="checkbox"/> Plug Off Zone | 1525-1675 | " " | 20 | 6% " |

| 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 |

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

| Estimated Production Per 24 Hours | Oil N/A Bbls. | Gas N/A Mcf | Water N/A 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