

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 # 9579
Name: Kramer's Oilfield Service
Address RR#2 Box #646
Wellsville, Kansas
Purchaser: Crude Marketing
Operator Contact Person: Dean Kramer
Phone (913) 883-4871
Contractor: Name: Hughes Drilling Co.
License: _____
Wellsite Geologist: none

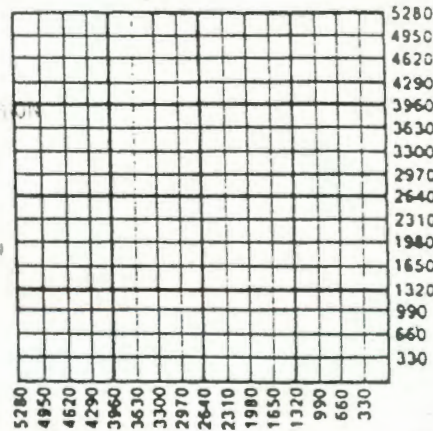
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

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

Drilling Method:
 Mud Rotary Air Rotary Cable
2-17-90 2-21-90
Spud Date Date Reached TD Completion Date

API NO. 15- 091-22,177
County Johnson
SW SE SW Sec. 19 Twp. 14 Rge. 22 East West
402 FSL 42A Ft. North from Southeast Corner of Section
3474 FSL 3530 Ft. West from Southeast Corner of Section
KCC record (NOTE: Locate well in section plat below.)
Lease Name Hodges Well # W-1
Field Name Longanecker
Producing Formation Burgess
Elevation: Ground n/a KB n/a
Total Depth 1121 PBDT _____

JUL 26 1991



Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1111
feet depth to 0 w/ 125 sx cm.

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 Robert S. Harwell
Title _____ Date 4-26-90
Subscribed and sworn to before me this 26 day of April, 19 90.
Notary Public Jessie A. Longstreath
Date Commission Expires July 10, 1991

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

SIDE TWO

Operator Name Kramer's Oilfield Lease Name Hodges Well # W-1
 Sec. 19 Twp. 14 Rge. 22 East West
 County Johnson

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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Base of Kansas City</td> <td></td> <td>445</td> </tr> <tr> <td>2nd Squirrell</td> <td></td> <td>776-780</td> </tr> <tr> <td>Bartlesville</td> <td></td> <td>893-900</td> </tr> <tr> <td>Burgess</td> <td></td> <td>1012-1100</td> </tr> <tr> <td>TD</td> <td></td> <td>1121</td> </tr> </tbody> </table>	Name	Top	Bottom	Base of Kansas City		445	2nd Squirrell		776-780	Bartlesville		893-900	Burgess		1012-1100	TD		1121
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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 Type and Percent Used Additives		
surface	5 1/8	6 1/4		20	portland	5 sacks		
production	5 1/8	2 7/8		1111	portland	125 sacks		
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record				
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth				
2	1050-1060			spot acid on perms				
	1080-1090			acid braekdown 400 gallons				
WAITING ON KANSAS WATER RESOURCE APPROVAL								
TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		1" tubing						
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input checked="" 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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perforation <input type="checkbox"/> Dually Completed <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval: <u>1050-1060</u> <u>1080-1090</u>
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