

1857

COF

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- 045-21,138
091-21-138
County Douglas
SW NW SW Sec. 10 Twp. 15 Rge. 20 East West

Operator: License # 3074
Name: Robert S. Harwell
Address 2801 NW Expressway #132
City/State/Zip Oklahoma City, OK 73112

1555 Ft. North from Southeast Corner of Section
4655 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Kerns Well # 1

Field Name Wildcat

Producing Formation None

Elevation: Ground n/a KB n/a

Total Depth 880 PBTD _____

Purchaser: None

Operator Contact Person: Robert S. Harwell

Phone (405) 842-4088

Contractor: Name: Central Plains

License: 3550

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 OWMO: old well info as follows:

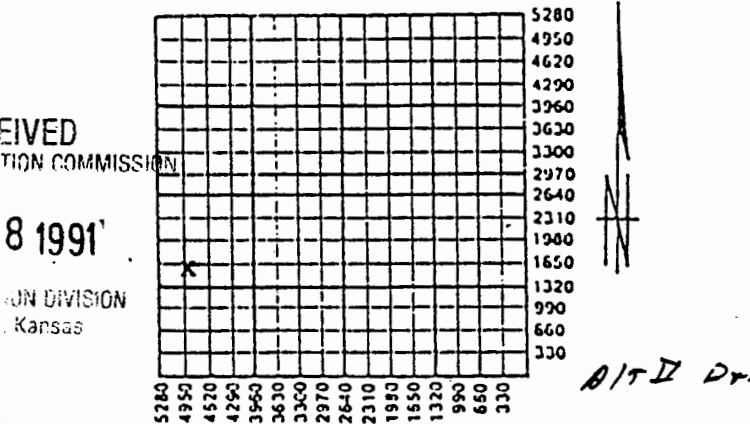
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

6-22-91 6-29-91 7-26-91
Start Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 83 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ 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 Robert S. Harwell

Title Owner-Operator Date 8-26-91

Subscribed and sworn to before me this 26 day of August, 19 91.

Notary Public Teresa A. Longworth

Date Commission Expires July 10, 1995

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

COPY

SIDE TWO

Operator Name Robert S. Harwell Lease Name Kerns Well # 1
 Sec. 10 Twp. 15 Rge. 20 East West
 County Douglas

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.)

Formation Description

Log Sample

Name Top Bottom

Kansas City (Hertha) base 545

No sand zones

TD

RECEIVED
 STATE CORPORATION COMMISSION 880-

AUG 28 1991

Oil and Gas Division
 State of Kansas

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		6 1/4		83	portland	20 sacks	

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	none	none	

TUBING RECORD

Size none Set At _____ Packer At _____

Liner Run Yes No

Date of First Production _____ 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 _____