

IND

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 5010

Name: Knighton Oil Company, Inc.

Address: 221 S. Broadway, Suite 710

City/State/Zip: Wichita, Kansas 67202

Purchaser: N/A

Operator Contact Person: Earl M. Knighton, Jr

Phone: (316) 264-7918

Contractor: Name: Summit Drilling

License: 30141

Wellsite Geologist: Dave Montague

Designate Type of Completion:

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

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

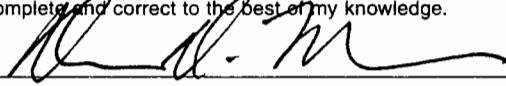
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening	Re-perf.	Conv. to Enhr./SWD
Plug Back	Plug Back Total Depth	
Commingled	Docket No. _____	
Dual Completion	Docket No. _____	
Other (SWD or Enhr.?)	Docket No. _____	

7/14/03	7/22/03	7/23/03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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 of 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.

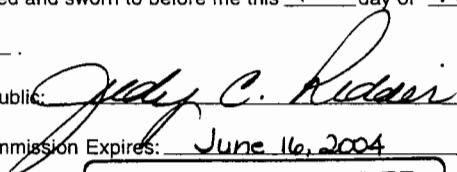
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: 

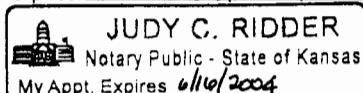
Title: Geologist Date: 7/8/03

Subscribed and sworn to before me this 7<sup>th</sup> day of August

2003

Notary Public: 

Date Commission Expires: June 16, 2004



API No. 15 - 127-20575-00-00

County: Morris

N/2 SW NE Sec. 11 Twp. 16 S. R. 9  East  West

1650 feet from S /  N (circle one) Line of Section

1980 feet from  E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one)  NE SE NW SW

Lease Name: John White Well #: 1

Field Name: wildcat

Producing Formation: N/A

Elevation: Ground: 1369 Kelly Bushing: 1379

Total Depth: 3250 Plug Back Total Depth: N/A

Amount of Surface Pipe Set and Cemented at 213 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from N/A

feet depth to N/A w/ N/A sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

Location of fluid disposal if hauled offsite:

**RECEIVED**  
**KANSAS CORPORATION COMMISSION**

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.: \_\_\_\_\_ WICHITA, KS

**AUG 08 2003**

**KCC Office Use ONLY**

Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

**CONFIDENTIAL**

Side Two

**COPY**Operator Name: Knighton Oil Company, Inc.Lease Name: John WhiteWell #: 1Sec. 11 Twp. 16 S. R. 9 East  WestCounty: Morris

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample			
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum			
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	1278	-101			
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	1571	-192			
List All E. Logs Run:	<b>KCC</b> <b>AUG 08 2003</b>						
	<b>CONFIDENTIAL</b>						
	<b>CASING RECORD</b> <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			
Surface	12 1/4"	8 5/8"	20#	213'			
<b>ADDITIONAL CEMENTING / SQUEEZE RECORD</b>							
Purpose:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives			
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			
				<b>RECEIVED</b> <b>KANSAS CORPORATION COMMISSION</b>			
				<b>AUG 08 2003</b>			
				<b>CONSERVATION DIVISION</b> <b>WICHITA, KS</b>			
TUBING RECORD		Size	Set At	Packer At	Liner Run		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or Enhr.			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

METHOD OF COMPLETION

Production Interval

Vented  Sold  Used on Lease  
(If vented, Submit ACO-18.)

Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_