

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33100
Name: Suncor Energy (Natural Gas) America Inc.
Address: 103 Foulk Road, Suite 202
City/State/Zip: Wilmington Delaware 19803
Purchaser: _____
Operator Contact Person: Brian Morse
Phone: (403) 269-8710
Contractor: Name: Layne Christensen Canada Ltd.
License: 32999
Wellsite Geologist: Richard Robba

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. _____

<u>Nov 11, 2002</u>	<u>Nov 23, 2002</u>	<u>Nov 24, 2002</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-24210-0000
County: Anderson
____ 10 22 21 East West
2310 feet from S / N (circle one) Line of Section
2260 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kincaid Well #: 1-10-22-21

Field Name: Wildcat
Producing Formation: Pending
Elevation: Ground: 1029 Kelly Bushing: _____
Total Depth: 986 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1 jt @ 24 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.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: [Signature]
Title: Staff Landman ^{Coalbed} Method: Dec. 18, 2002
Subscribed and sworn to before me this 18th day of December, 2002

Notary Public: [Signature]
Date Commission Expires: at the pleasure of Her Majesty the Queen
LYNN S. TORFASON
BARRISTER & SOLICITOR

KCC Office Use ONLY
____ Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: Suncor Energy (Natural Gas) America Inc. Lease Name: Kincaid Well #: 1-10-22-21
 Sec. 10 Twp. 22 S. R. 21 East West County: Anderson

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Microresistivity, Dual Induction, Borehole Compensated Sonic Log, Temperature Survey, Dual Compensated Porosity Log	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Log Name</th> <th style="text-align: left;">Formation (Top), Depth and Datum</th> <th style="text-align: left;">Sample Top Datum</th> </tr> </thead> <tbody> <tr> <td>Base of Kansas City</td> <td>204</td> <td></td> </tr> <tr> <td>Altamont Limestone</td> <td>389</td> <td></td> </tr> <tr> <td>Pawnee Limestone</td> <td>456</td> <td></td> </tr> <tr> <td>Cherokee Group</td> <td>570</td> <td></td> </tr> <tr> <td>Mississippi Limestone</td> <td>954</td> <td></td> </tr> </tbody> </table>	Log Name	Formation (Top), Depth and Datum	Sample Top Datum	Base of Kansas City	204		Altamont Limestone	389		Pawnee Limestone	456		Cherokee Group	570		Mississippi Limestone	954	
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CASING RECORD							
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	11"	8 5/8"	24	24	Portland A	4	N/A
Production	7 7/8"	5 1/2"	15.5	980	Portland A	170	2% cc
		circulated to	surface				

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 <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	N/A			

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
	Pending		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
Pending							

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
Pending	Flowing	Pumping	Gas Lift	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 Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) Temp Suspended