

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32406
 Name: Phoenix Kansas Energy, LLC
 Address: 536 N. Highland
 City/State/Zip: Chanute, KS 66720
 Purchaser: EOTT
 Operator Contact Person: Bob Barnett
 Phone: (316) 431-2650
 Contractor: Name: Kelly Down Drilling

License: 5661Wellsite Geologist: -

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

10-28-99 10-29-99 1-3-2000
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

RECEIVED
STATE CORPORATION COMMISSION
WICHITA, KANSAS
CONSERVATION DIVISION

FEB 1 2000

API No. 15 - 207-26561-0000
 County: Woodson
W/2 W/2 NE Sec. 35 Twp. 23 S. R. 16 East West
3960 feet from S / N (circle one) Line of Section
2310 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Butler Well #: P0-37
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground: 1015 Kelly Bushing: -
 Total Depth: 1060 Plug Back Total Depth: 1054.30
 Amount of Surface Pipe Set and Cemented at 41 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set - Feet
 If Alternate II completion, cement circulated from 1052.5
 feet depth to surface w/ 177 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: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

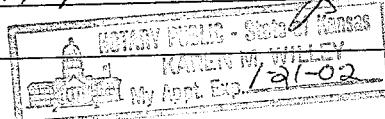
County: _____ Docket No.: _____

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: Bob BarnettTitle: Operations Manager Date: 1-31-2000Subscribed and sworn to before me this 31st day of January,xx 2000Notary Public: Talen M. Willey

Date Commission Expires: _____



KCC Office Use ONLY

 Letter of Confidentiality AttachedIf Denied, Yes Date: _____ Wireline Log Received Geologist Report Received UIC Distribution

Operator Name: **Phoenix Kansas Energy, LLC** Lease Name: **Butler** Well #: **P0-37**
 Sec. **35** Twp. **23** S. R. **16** East West County: **Woodson**

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, lime 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SEE ATTACHED LOGS	
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	10 5/8"	7"	-	41'	Portland	10	-
Production	5 5/8"	2 7/8"	-	1052.5'	"	177	-

ADDITIONAL CEMENTING / SQUEEZE RECORD							
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 <i>(Amount and Kind of Material Used)</i>	Depth
2	960-967	300 gals. 15% HCl	
		100 lbs. frac gel	
		400 lbs. 20/40 mesh	
		2400 lbs. 12/20 mesh	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
None			None		

Date of First, Resumed Production, SWD or Enhr. 1-8-2000	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	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole	<input checked="" type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled		
	<input type="checkbox"/> Other (Specify)					