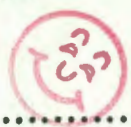


STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE



Operator: License # 7208
Name Loraine Cleaver
Address Route # 2
City/State/Zip Colony, Kansas 66015

Purchaser: Eureka Crude Purchasing Box 190
Eureka, Kansas 67045

Operator Contact Person Cheri Graves
Phone 316-468-2050 or 316-365-3540
Loraine Cleaver

Contractor: License #
Name N.A.
KCC-KCC

Wellsite Geologist
Phone

Designate Type of Completion

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

If ONWO: old well info as follows:

Operator Medcalf Bros.
Well Name Medcalf Bros. #102
Comp. Date 11-14-77 Old Total Depth 226

WELL HISTORY

Drilling Method:

- Mud Rotary Air Rotary Cable

11-10-77 N.A. 11-14-77
Spud Date Date Reached TD Completion Date

N.A. N/A
Total Depth PBDT

Amount of Surface Pipe Set and Cemented at 21 feet
Multiple Stage Cementing Collar Used? Yes No
if yes, show depth set feet

If alternate 2 completion, cement circulated
from feet depth to Surface Portland: SX cmt
Cement Company Name
Invoice #

API NO. 15-011-20,363

County Bourbon

.SE. .NW. .NW. Sec. 7... Twp. 24 Rge. 22.. East
West

4125! Ft North from Southeast Corner of Section
4455! Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

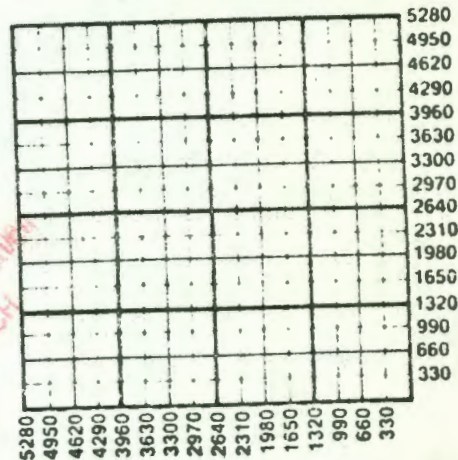
Lease Name Medcalf Well # 12

Field Name

Producing Formation Bartlesville

Elevation: Ground KB

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal
Docket # Repressuring

Questions on this portion of the ACO-1 call:

Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #

Groundwater Ft North from Southeast Corner
(Well) Ft West from Southeast Corner of
Sec Twp Rge East West

Surface Water Ft North from Southeast Corner
(Stream, pond etc) Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain)
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 and 82-3-107 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. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

Operator Name Lorraine Cleaver Lease Name Medcalf Well # 12

Sec 7 Twp 24 Rge 22 East West County Bourbon

WELL LOG

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
Samples Sent to Geological Survey Yes No
Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

Information N/A
KC-KCC

DEC 09 1985
State Geological Survey
WICHITA BRANCH

Seating Nipple 669'

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 Used	Type and Percent Additives
Surface		6-5/8"		21	Portland		
Production		2-			Portland		
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
17	672' - 680'			1-11/16 Glass Jets			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production	Producing Method						
				<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....			