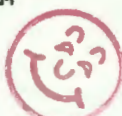


7-24-22E

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 # 6056  
Name Black Diamond Drilling

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 OWO: old well info as follows:  
Operator Loraine Cleaver  
Well Name Medcalf # 18  
Comp. Date Old Total Depth

WELL HISTORY

Drilling Method:  
 Mud Rotary  Air Rotary  Cable

11-20-83 Spud Date  
NA Date Reached TD  
NA Completion Date

NA Total Depth  
N/A PBSD

Amount of Surface Pipe Set and Cemented at 20 feet  
Multiple Stage Cementing Collar Used? Yes  No  
If yes, show depth set feet  
If alternate 2 completion, cement circulated from surface depth to Portland  
Cement Company Name  
Invoice #

API NO. 15-011-22-253  
County Bourbon  
NW NW Sec. 7 Twp. 24 Rge. 22 East West

4795 Ft North from Southeast Corner of Section  
3465 Ft West from Southeast Corner of Section  
(Note: Locate well in section plat below)

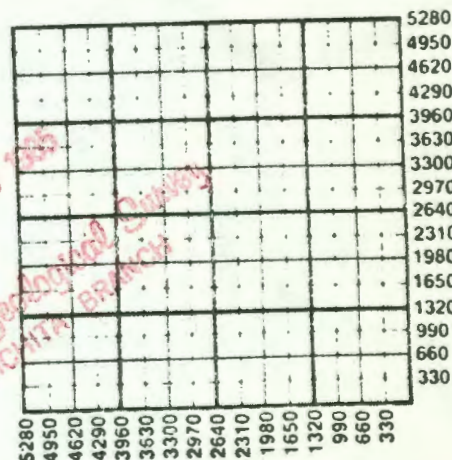
Lease Name Medcalf Well # 18

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.

SIDE TWO

Operator Name Lorraine Cleaver Lease Name Medcalf Well # 18

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  
 K-KA

DEC 09 1995  
 State Geological Survey  
 WICHITA BRANCH

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 Production		6-5/8"		20	Portland		
		2-			Portland		

PERFORATION RECORD

Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

ts Per Foot	Specify Footage of Each Interval Perforated	Depth