

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 # 31796
 Name: Quest Energy Service, Inc.
 Address: P.O. Box 100
 City/State/Zip: Benedict, KS 66714
 Purchaser: Quest Energy Service, Inc.
 Operator Contact Person: Dick Cornell
 Phone: (620) 698-2250
 Contractor: Name: 1 & S Well Service
 License: 32450
 Wellsite Geologist: Mike Ebers

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: SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

2-17-03 2-19-03 4-14-03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 207-26,794-0000
 County: Woodson
CSW SE Sec. 20 Twp. 26 S. R. 14 East West
660 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: Burkley Well #: 20-1
 Field Name: N/A
 Producing Formation: None
 Elevation: Ground: 975 Kelly Bushing: _____
 Total Depth: 1515 Plug Back Total Depth: 1515
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1515'
 feet depth to Surface w/ 237 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used Air Drilled

Location of fluid disposal if hauled offsite:

Operator Name: _____

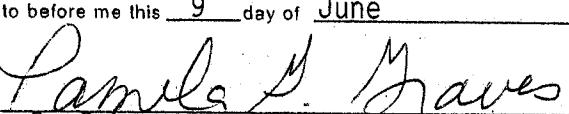
Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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: Pamela G. GravesTitle: Compliance Officer Date: 6/9/03Subscribed and sworn to before me this 9 day of June6-2003Notary Public: Pamela G. GravesDate Commission Expires: 6-4-05

KCC Office Use ONLY

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

 PAMELA G. GRAVES

Operator Name: Quest Energy Service, Inc.Lease Name: BurkleWell #: 20-1Sec. 20 Twp. 26 S. R. 14 East WestCounty: Woodson

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)

 Yes No

Samples Sent to Geological Survey

 Yes No

Cores Taken

 Yes NoElectric Log Run
(Submit Copy) Yes No

List All E. Logs Run:

Density-Neutron

 Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Lenapeh Lime	925	+50
Altamont Lime	960	+15
Pawnee Lime	1061	-86
Oswego Lime	1111	-136
Verdegris Lime	1216	-241
Mississippi Lime	1481	-506

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	11.25"	8.625"	24.75	40'	"A"	12	None
Production	6.75	4.50	10.50	1515	"A"	237	OWC

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

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
None	Waiting on Pipeline		

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
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
	<input type="checkbox"/> Other (Specify) _____	