

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: Well Refined Drilling
 License: 32871
 Wellsite Geologist: Dick Cornell

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
 _____ Comingled Docket No. _____
 _____ Dual Completion Docket No. _____
 _____ Other (SWD or Enhr.?) Docket No. _____

<u>4-24-02</u>	<u>4-25-02</u>	<u>9-26-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 207-26759-0000County: WoodsonCSE NE Sec. 18 Twp. 26 S. R. 15 East West1980 feet from S / N (circle one) Line of Section660 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Carl Holcomb Well #: 1Field Name: Big SandyProducing Formation: MulkyElevation: Ground: 980 Kelly Bushing: _____Total Depth: 1443 Plug Back Total Depth: 1423Amount of Surface Pipe Set and Cemented at 44 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1423feet depth to surface w/ 270 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: Dick CornellTitle: Compliance Officer Date: 10/08/02Subscribed and sworn to before me this 8th day of October,XX2002.Notary Public: Pamela G. GravesDate Commission Expires: 6-4-05

KCC Office Use ONLY

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

Operator Name: Quest Energy Service, Inc. Lease Name: Carl Holcomb Well #: 1
 Sec. 18 Twp. 26 S. R. 15 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, 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lenepah Lime	814' +166
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Altamont Lime	848' +132
List All E. Logs Run: Open Hole GR/N		Pawnee Lime	946' +34
		Oswego Lime	998' -18
		Verdegris Lime	1113' -133
		Riverton Coal	1376' -396
		Mississippi Chat	1388' -408

CASING RECORD <input 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	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24.75	44	"A"	9	None
Production	6.75	4.5	10.50	1423	"A"	270	OWC and Flow Seal

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 (Amount and Kind of Material Used)	Depth
	Not perforated for completion		
	waiting on pipeline		

TUBING RECORD	SIZE	SET AT	PACKER AT	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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DISPOSITION OF GAS	METHOD OF COMPLETION					Production Interval
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<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perit. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____				
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