

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6035
Name: ONE OK D/B/A KANSAS GAS SERVICE
Address: 1021 East 27th
City/State/Zip: Wichita, Kansas 67201
Purchaser: _____
Operator Contact Person: Ray Sams
Phone: (316) 832-3184
Contractor: Name: ROSENCRANTZ BEMIS ENT. D/B/A
License: 6427 DARLING DRILLING CO.
Wellsite Geologist: Greg Dodson

Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
_____ Oil _____ SWD _____ SIOW _____
_____ 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. _____

<u>12/06/01</u>	<u>12/06/01</u>	<u>12/06/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 173-20924-0000
County: Sedgwick
E2 SE NE NE Sec. 31 Twp. 27 S. R. 1 East West
833 feet from S / (N) (circle one) Line of Section
175 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Public R-O-W Station # 591 Well #: A
Field Name: _____

Producing Formation: _____
Elevation: Ground: 1299 Kelly Bushing: _____
Total Depth: 39ft. Plug Back Total Depth: 39ft.
Amount of Surface Pipe Set and Cemented at N/A Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Alt 3 RSP 3-7-03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used NO RESERVE PIT
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: Greg Dodson
Title: Mgr Date: 2-22-02
Subscribed and sworn to before me this 22 day of February
19 2002
Notary Public: Jeana Dodson
Date Commission Expires: 02/06/05

KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
_____ UIC Distribution

Operator Name: ONE OK D/B/A KANSAS GAS SERVICE Lease Name: Public R-O-W Station # 591 Well #: A

Sec. 31 Twp. 27 S. R. 1 East West County: Sedgwick

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

RECEIVED
 STATE CORPORATION COMMISSION
 FEB 26 2002
 CONSERVATION DIVISION
 WICHITA, KANSAS

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
KCC	DID NOT	REQUIRE ANY	CASING PER	EXEMPT	ION	12/06/01	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input checked="" type="checkbox"/> Plug Back TD	AQUA	GUARD WAS	PUMPED IN	FROM T.D. TO 3' BELOW GROUND-THEN HOLE
<input checked="" type="checkbox"/> Plug Off Zone	PLUG TO	SURFACE		

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		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
N/A				

Date of First, Resumed Production, SWD or Enhr.	Producing Method				
N/A	<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
N/A	N/A	N/A	N/A		

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) PRE-PLUG

Production Interval