COPY

SIDE ONE

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

API NO. 15- 073-23681

County GREENWOOD

NE NW NE Sec. 01 Twp. 27 Rge. 12 XX East ____ West

1480 Ft. North from Southeast Corner of Section

5094 Ft. West from Southeast Corner of Section
(Note: Locate well in section plat below.)

Lease Name MILLS - C Well # 64

Field Name SOUTH FANCY

Producing Formation MISSISSIPPIAN

Elevation: Ground 1053 KB NA

Total Depth 1480 PBTD 1470

Operator: License # 4905

Name: K. C. CRUDE, INC.

Address 6520 W 110TH. STREET

SUITE 106

City/State/Zip OVERLAND PARK, KS. 66211

Purchaser: SAHARA CORP.

Operator Contact Person: LARRY BROWN

Phone (913) 345-8000

Contractor: Name: McPHERSON DRILLING

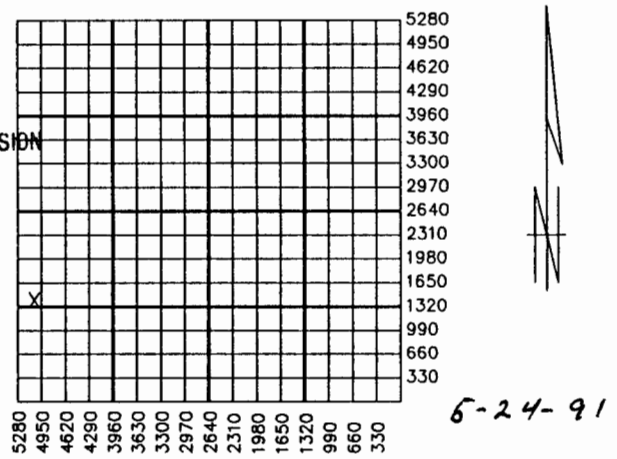
License: 5675

Wellsite Geologist: REX ASHLOCK

RECEIVED
STATE CORPORATION COMMISSION
MAY 02 1991
CONSERVATION DIVISION
Wichita, Kansas

Designate Type of Completion
XX New Well ____ Re-Entry ____ Workover

XX Oil ____ SWD ____ Temp. Abd.
____ Gas ____ Inj ____ Delayed Comp.
____ Dry ____ Other (Core, Water Supply, etc.)



6-24-91

If OWWO: old well info as follows:
Operator: ____
Well Name: ____
Comp. Date ____ Old Total Depth ____

Drilling Method:
____ Mud Rotary XX Air Rotary ____ Cable

10/30/90 Spud Date
11/03/90 Date Reached TD
NA Completion Date

Amount of Surface Pipe Set and Cemented at 43 Feet

Multiple Stage Cementing Collar Used? ____ Yes XX No

If yes, show depth set NA Feet

If Alternate II completion, cement circulated from 1480
feet depth to SURFACE w/ 180 sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Whichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130. 82-3-107 and 82-3-106 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. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

All requirements of the statutes, rules and regulations promulgated to reglate 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 ____

Title CONSULTANT Date 04/26/91

Subscribed and sworn to before me this 26 day of April 19 91

Notary Public Suzanne M. Feltman

Date Commission Expires ____

NOTARY PUBLIC STATE OF KANSAS
SUZANNE M. FELTMAN
My Appt. Exp. 4-26-91

K.C.C. OFFICE USE ONLY
F ____ Letter of Confidentiality Attached
C ✓ Wireline Log Received
C ____ Drillers Timelog Received

Distribution
____ KCC ____ SWD/Rep ____ NGPA
____ KGS ____ Plug ____ Other (Specify)

T.S.

FORM ACO-1 (7-89)

12653|

Operator Name K. C. CRUDE, INC. Lease Name MILLS - C Well # 64

Sec. 01 Twp. 27 Rge. 12 [X] East [ ] West County GREENWOOD

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 (Attach Additional sheets.)	[ ] Yes	[X] No
Samples Sent to Geological Survey	[ ] Yes	[X] No
Cores Taken	[ ] Yes	[X] No
Electric Log Run (Submit Copy.)	[X] Yes	[ ] No

Formation Description

[ ] Log [X] Sample

Name Top Bottom

SEE ATTACHED GEOLOGICAL REPORT

CASING RECORD [ ] New [X] Used

Report all strings set-conductor, surface, intermdiate, 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	9 1/2	7	20	43	PORTLAND	10	NONE
PRODUCTION	6 1/4	4 1/2	9.5	1470	50/50 POS	180	2% GEL

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	NONE	NONE	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	NA	NA	NA	[ ] Yes [X] No

Date of First Production	Producing Method					
SHUT IN	[ ] Flowing	[ ] Pumping	[ ] Gas Lift	[X] Other (Explain)	SHUT IH	

Estimated Production per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	NA	NA	NA	NA	NA

Disposition of Gas: METHOD OF COMPLETION Production Interval

[ ] Vented [ ] Sold [ ] Used on Lease (If Vented, submit ACO-18.)

[ ] Open Hole [ ] Perforation [ ] Dually Completed [ ] Commingled

[ ] Other (Specify) _____ NA