

API NO. 15-V 25646-0000

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

Operator: License # 5817

Name: Benson Mineral Group

Address Box 707

City/State/Zip Howard, KS 67349

Purchaser: N/A

Operator Contact Person: E. Wayne Willhite

Phone (620) 3742133

Contractor: Name: McPherson Drilling

License: 5675

Wellsite Geologist: Wm Stout

Designate Type of Completion

 New Well Re-Entry Workover

Oil	SWD	SIOW	Temp. Abd.
<input checked="" type="checkbox"/> Gas	ENHIR	SIGW	
Dry	Other (Core, WSW, Expl., Cathodic, etc)		

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening	Re-perf.	Conv. to Inj
Plug Back	<input type="checkbox"/> PBD	
Commingled	Docket No. _____	
Dual Completion	Docket No. _____	
Other (SWD or Inj?)	Docket No. _____	

11-13-00 11-15-00 1-16-01

Spud Date

Date Reached TD

Completion Date

County Neosho E
SE - SE - SE Sec. 10 Twp. 28 Rge. 18 W330 Feet from S (circle one) Line of Section330 Feet from E (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Stich Well # 10-1

Field Name Chanute- Humboldt

Producing Formation Summit-MULky

Elevation: Ground 925 KB _____

Total Depth 1024 PBD _____

Amount of Surface Pipe Set and Cemented at 61 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1024

feet depth to Surface w/ 125 sx cmt.

Drilling Fluid Management Plan ALT 2 *8 1/2 10/11/01*
(Data must be collected from the Reserve Pit)

N/A air rig

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market Street, 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 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 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 *James R. DeLoach*
Title Agent Date 2-26-01

Subscribed and sworn to before me this 26 day of February,
 2001

Notary Public E. Wayne Willhite

Date Commission Expires August 21, 2001



E. WAYNE WILLHITE
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES: 8/21/01

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received

Distribution
 KCC SWD/Rep
 KGS Plug
 NEPA
 Other (Specify) *TDG*

Operator Name Benson Mineral GroupLease Name StichWell # 10-1 EastCounty. NeoshoSec. 10 Twp. 28 Rge. 18 West

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 No

Samples Sent to Geological Survey

 Yes No

Cores Taken

 Yes NoElectric Log Run
(Submit Copy.) Yes No

List All E.Logs Run:

Gamma Ray-Neutron
Cement Bond Log Formation (Top), Depth and Datums Sample

Name

Top

Datum

see attached sheet

CASING RECORD <input checked="" 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	11"	8 5/8"	32#	61	reg	12	-
Production	6 3/4"	4 1/2"	10 1/2 #	1024	Thickset	125	flowable 30#

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
				Perforate	Protect Casing
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
4	964-970	25 holes		500 gal	7 1/2% mud acid	964-970
	CI Bridge plug 660'			Sand frac	21 sacks	964-970
4	552-561'	37 holes		800 gal	7 1/2% mud acid	552-561' 565-570'
4	565-570'	25 holes		sand frac	90 sacks	552-561' 565-570'

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8"	601			

Date of First, Resumed Production, SWD or Inj.	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
1-16-01		

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	NONE	50		

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	552'-561' 565'-570'
	<input type="checkbox"/> Other (Specify) _____	