

STATE CORPORATION COMMISSION OF KANSAS 8
 OIL & GAS CONSERVATION DIVISION
 WELL COMPLETION FORM
 ACO-1 WELL HISTORY
 DESCRIPTION OF WELL AND LEASE

Operator: License # 7850

Name: Longton Exploration

Address RR 4 Box 179 A

City/State/Zip Fredonia, KS 66736

Purchaser: Flint Hills Gathering System

Operator Contact Person: Harley Gilbert

Phone (316) 378-4381

Contractor: Name: Mokat

License: 5831

Wellsite Geologist: Harley Gilbert

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SwD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SwD or Inj?) Docket No. _____

9-15-97 9-17-97 11-2-97

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 205-25171 0000

County Wilson

N2 - NE - NW - NW Sec. 26 Twp. 29 Rge. 15 E X W

5080 Feet from (S)N (circle one) Line of Section

4290 Feet from (E)W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE, (S)P, NW or SW (circle one)

Lease Name Hall Well # 8

Field Name Unnamed

Producing Formation Mulkey Coal + BARTLESVILLE SAND

Elevation: Ground Est KB _____

Total Depth 1390 PBTD 1235'

Amount of Surface Pipe Set and Cemented at 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1370

feet depth to Surface w/ 185 of 50/50 POS. 50 sx cmt.

Drilling Fluid Management Plan ALT 2 OK 5-15-98
 (Data must be collected from the Reserve Mt)

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 - 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 ST 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 Harley Gilbert

Title Partner Date 3-25-98

Subscribed and sworn to before me this 25th day of March, 19 98.

Notary Public Phyllis Hall

Date Commission Expires 8-27-2000

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input checked="" type="checkbox"/> NGPA
		<input checked="" type="checkbox"/> Other (Specify) <u>IS</u>

PHYLLIS HALL
 Notary Public
 State of Kansas

Operator Name Longton Exploration

Lease Name Hall

Well # 8

Sec. 26 Twp. 29 Rge. 15

East

County Wilson

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 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:
 _____ and Log
 _____ Gamma Ray Neutron

COPY

Name	Formation (Top), Depth and Datum	
	Top	Datum
Kansas City	440	502
Leneapah	682	686
Altamont	720	729
Pawnee	858	879
Oswego	912	934
Bartlesville	1162	1178
Mississippi	1306	T D

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	11	8 5/8	NA	21'	Portland	7	
Casing	6 3/4	4 1/2	9 1/2	1359	50-50 Pos	183	Preum Gel Ahead

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 type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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	
		2	1331-1334
2	1325-1327		
2	1164-1175 Plug Set 1235	Fracked - 10,000 Sand	1164-1175
4	952-958	Fracked - 6,000 Sand	952-958

TUBING RECORD Size 2 3/8 Set At 1040 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 1-10-98 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil NONE Bbls. Gas 20 Mcf Water Bbls. 20 Gas-Oil Ratio _____ Gravity _____

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval 952'-958'
1164'-1175'
 DATE 2/1/99