

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 30582
Name: MWK Petroleum Co.
Address: 2316 Leigh
City/State/Zip: Augusta, KS. 67010
Purchaser: Maclaskey Oilfield Service
Operator Contact Person: Mike Kiser
Phone: (316) 775-3751
Contractor: Name: BPC Well Plugging
License: 32475

Wellsite Geologist: _____
Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 as ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Vess Oil Corp.

Well Name: Smith A #1

Original Comp. Date: 3/15/88 Original Total Depth: 3232
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Comminged Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

9/10/01 Spud Date or
Recompletion Date 9/14/01 Date Reached TD 9/28/01 Completion Date or
Recompletion Date

API No. 15 23053-0001
 County: Butler

SE - NW NW Sec. 10 Twp 29 S. R. 6 East West
990 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:

(circle one) NE SE NW SW

Lease Name: Smith Well #: 3

Field Name: Snowden-McSweeny

Producing Formation: Kansas City

Elevation: Ground: 1429 Kelly Bushing: _____

Total Depth: 2405 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at OWWO 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 9/10/01
(Data must be collected from the Reserve Pit)

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. 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: Mike Kiser

Title: Owner Date: 9/5/02

Subscribed and sworn to before me this 5 day of Sept,
2002.

Notary Public: David J. Kiser

Date Commission Expires: 3/24/05

KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

NO Geologist Report Received

UIC Distribution

Operator Name: MWK Petroleum Co. Lease Name: Smith Well #: 3Sec. 10 Twp. 29 S. R. 6 East West County: _____

KCC WICHITA

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="radio"/> No	Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="radio"/> No	Name	Top	Datum
Cores Taken	Yes <input checked="" type="radio"/> No			
Electric Log Run (Submit Copy)	Yes <input checked="" type="radio"/> No			
List All E. Logs Run:				

CASING RECORD							
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
Production	7 5/8"	4 1/2"	10.5	2403		75	60/40 Pozmix
							2% Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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
1	2316-2320	300 Gal 15% Mud Acid	
1	2324-2328	1500 Gal 15% NE Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	No
	2 3/8"	2275				

Date of First, Resumed Production, SWD or Enhr.	Producing Method	Flowing	Pumping <input checked="" type="checkbox"/>	Gas Lift	Other (Explain)
Estimated Production Per 24 Hours 15	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

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

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____