

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

Operator: License # 32187

Name: Southwind Exploration LLC

Address P.O. Box 34

5th & Junction

City/State/Zip Piqua, KS 66761

Purchaser: Quest Energy Services

Operator Contact Person: F.L. Ball

Phone (316) 468-2885

Contractor: Name: McPherson Drill

License: 5675

Wellr Geologist: none

Designate Type of Completion

New Well Re-Entry Workover

Oil SMD SLOW Temp. Abd.

Gas ENHR SIGV

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SMD

Plug Back _____ PBD

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SMD or Inj?) _____ Docket No. _____

7-2000 9-28-2000 10-24-2000

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 133-256-11-0000

County Neosho

NW - SW - NE Sec. 14 Twp. 30 Rge. 17 ^E/_W

3710 Feet from (E)W (circle one) Line of Section

2300 Feet from (E)W (circle one) Line of Section

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

Lease Name Mitchell Well # 7

Field Name South Thayer Gas

Producing Formation Mulky

Elevation: Ground _____ KB _____

Total Depth 795' PBD _____

Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 778'

feet depth to surface w/ 128 sx cnt.

Drilling Fluid Management Plan
(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 Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
NOV 16 2000
Wichita, Kansas
CONSERVATION DIVISION

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 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 F.L. Ball

Title Agent Date _____

Subscribed and sworn to before me this 3rd day of November, 2000

Notary Public Lucille Rice

Notary Commission Expires 6/2/2001

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Geologist Report Received

Distribution

KCC SMD/Rep NGPA

KGS Plug Other (Specify)

Operator Name Southwind Exploration LLC

Lease Name Mitchell B Well # 7

Sec. 14 Twp. 30 Rge. 17

East

County Neosho

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:

Drillers
Gamma Ray Neutron

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

See attached logs

CASING RECORD

New 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"	7"	32#	20'	portland	4	none
Production	6 3/4"	4 1/2"	9.5#	795'	portland	128	2% gel
					50/50		6% salt

poz mix

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
4	704-712	75gal 15% HCl	
4	722.5-729.5		

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

Date of First, Resumed Production, SMD or Inj. 11-1-2000 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil X	Bbls. X	Gas X	Mcf 50	Water X	Bbls. 40	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 _____