

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 32109
Name: Dakota Production Co. Inc.
Address: Rt. 2, Box 255
City/State/Zip: Neodesha, Ks. 66757
Purchaser: Oneok
Operator Contact Person: B. Willis
Phone: (316) 325-5189
Contractor: Name: Cornish Wireline
License: Not Required
Geologist: None

API No. 15 - Not Available 15-205-19098-0001
County: Wilson
NW 1/4 Sec. 18 Twp. 30S S. R. 17 East West
3710 feet from (S) N (circle one) Line of Section
3596 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Morgan Well #: 1
Field Name: Neodesha
Producing Formation: Mulkey, Summit

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Ab.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 1164.5 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ Feet
Mud Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

If Workover/Re-entry: Old Well Info as follows:
Operator: Not Known
Well Name: I Morgan

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

Original Comp. Date: 4/11/99 Original Total Depth: 1164.5
 Deepening Re-perf. Conv. to Entr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhrr.?) Docket No. _____
4-11-99 4-11-99 9/99
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan RE-ENTRY 6-30-00
(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: [Signature]
Title: President Date: 6-15-2000
Subscribed and sworn to before me this 15th day of June 2000
Notary Public: Leri Boden Farwell
Date Commission Expires: 2-10-02

LERI BODEN FARWELL
Notary Public - State of Kansas
My Appt. Expires 2-10-02

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 KCC IOG

Operator Name: Dakota Production Co. Inc. Lease Name: Morgan Well #: 1
 Sec. 18 Twp. 30 S. R. 17 East West County: Wilson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time foot 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

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

List All E. Logs Run:

Gamma Ray Neutron

CEMENTING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report if 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	# Sacjs Used	Type and Percent Additives

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)	Depl.
25	633' to 639'		
25	650' to 656'		
13	722' to 728'		
Bridge Plug @ 745'			
9	1085' to 1089'		
9	1092' to 1096'		

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

Date of First Resumed Production, SWD or Enhr.	Producing Method
September 1999	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

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

Disposition of Gas: Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____