

**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 # 5150
 Name: COLT ENERGY, INC.
 Address: P. O. BOX 388
 City/State/Zip: IOLA, KS 66749
 Purchaser: ONEOK
 Operator Contact Person : DENNIS KERSHNER

Phone: (620) 365-3111
 Contractor: Name: MCPHERSON DRILLING
 License: 5675
 Wellsite Geologist: JIM STEGEMAN

Designate Type Of Completion:
 New Well ReEntry Workover
 Oil SWD SLOW Temp Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv: to Entr/SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Entr.?) Docket No. _____

 5-21-02 5-28-02 9-5-02
 Spud Date or Completion Date Date Reached TD Completion Date or Recompletion Date

**RECEIVED
MAY 05 2003
KCC WICHITA**

API No. 15- 125-30,103
 County: MONTGOMERY
C- Sec. 23 Twp. 32 S. R. 16 X E
3960 feet from S Line of Section
1320 feet from E Line of Section

Footages Calculated from Nearest Outside Section Corner:
 Circle one SE
 Lease Name: GILLEN Well #: 1
 Field Name: BREWSTER
 Producing Formation: RIVERTON COAL
 Elevation : Ground: UNKNOWN Kelly Bushing: _____
 Total Depth: 1164 Plug Back Total Depth: 894
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Staging Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II Completion, cement circulated from 894
 feet depth to SURFACE w/ 165 sx cement.

Drilling Fluid Management Plan(Data Collected From Pit)
 Chloride Content 1000 ppm Fluid Volume 80 bbls
 Dewatering method used PUMPED OUT PUSH IN
 Location of fluid disposal if hauled offsite:
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S R _____ 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 of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well reports shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 with all temporary 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: Dennis Kershner

Title: OFFICE MANAGER Date: 4-28-03

Subscribed and sworn to before me this 30th day of April
2003
 Notary Public: Shirley A Stotler
 Date Commission Expires: 4-28-04

KCC Office Use Only

Letter of Confidentiality Attached
 If Denied, Yes Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name COLT ENERGY, INC. Lease Name GILLEN Well # 1
 Sec. 23 Twp. 32 S. R. 16 X East ___ West County MONTGOMERY

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 ___ Yes X No
 (Attach Additional Sheets)

___ X ___ Log Formation (Top), Depth and Datum ___ Sample
 Name Top Datum
 SEE ATTACHED DRILLERS LOG

Samples Sent to Geological Survey ___ Yes X No
 Cores Taken ___ Yes X No
 Electric Log Run X Yes ___ No
 (Submit Copy)
 List All E. Logs Run:

CASING RECORD X 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"	8 5/8	20	40	PORTLAND	8	
PRODUCTION	7 7/8	4 1/2	10.5	898	POZMIX	165	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives
<u>Perforate</u>	Top Bottom			
<u>Protect Casing</u>				
<u>Plug Back TD</u>				
<u>Plug Off Zone</u>				

Shots Per/F	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	
3	3 1/4 DP 23 GR EXPENDABLE GUN 690-696'	50 GAL HCL 15%	690-696'
		200LBS FRAC GEL, 110 GAL BLEACH	
4	3 1/4 DP 23 GR " " " 865-868'	300 GAL HCL 15%	865-868'

TUBING RECORD Set At Packer At Liner Run ___ Yes ___ No

Date of First Production Producing Method: ___ Flowing ___ Pumping ___ Gas Lift

Estimated Production/24hrs	Oil Bbls	Gas Mcf	Water BBLs.	Gas-Oil Ratio	Gravity

Disposition Of Gas METHOD OF COMPLETION Production Interval

___ Vented ___ Sold ___ Used on Lease ___ Open Hole X Perf. ___ Dually Compl. ___ Commingled ___

(If vented Submit ACO-18) -----Other (Specify) _____