



SIDE ONE

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STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License #
Name Chase Exploration Corporation.....
Address 6128 E. 38th St. Suite 304.....
City/State/Zip Julsa OK 74135.....

Purchaser.....

Operator Contact Person Mickey Huddleston.....
Phone (918) 665-8701.....

Contractor: License #
Name B&N Drilling.....

Wellsite Geologist.....
Phone.....

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

If ONWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable

6-27-79 6-28-79 NC
.....
Spud Date Date Reached TD Completion Date

953 932
.....
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at 120 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set..... feet
If alternate 2 completion, cement circulated
from 932 feet depth to 548 w/. 150 SX cmt

API NO. 15-191-20925.....

County Sumner.....

C NE SE Sec. 4 Twp. 34S Rge. 2E East West

1980 Ft North from Southeast Corner of Section
660 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

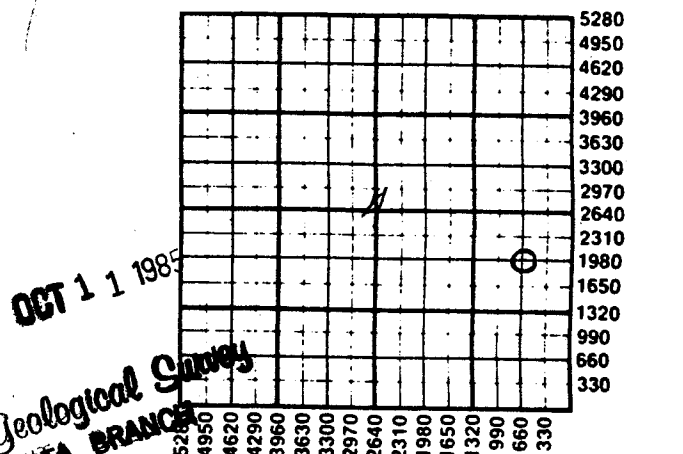
Lease Name Hills/ Malc 1#1 Well # 1-4

Field Name.....

Producing Formation.....

Elevation: Ground NK KB NK

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717
Source of Water: NONE - AIR DRLS
Division of Water Resources Permit #.....

Groundwater.....Ft North from Southeast Corner (Well)Ft West from Southeast Corner of Sec Twp Rge East West

Surface Water.....Ft North from Southeast Corner (Stream, pond etc).....Ft West from Southeast Corner Sec Twp Rge East West

Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name Chase Exploration Corp. Lease Name Hills/ Malc 1-I Well # 1-4

Sec. 4 Twp. 34S Rge. 2E East West County Sumner

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
Kessler	486	495
Wreford	548	575
Neva	750	775

METHOD OF COMPLETION

Disposition of gas: Vented Sold Used on Lease
 Open Hole Perforation Other (Specify) delayed comp
 Dually Completed Commingled

PRODUCTION INTERVALS

CASING RECORD <input checked="" 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	12 1/2"	8 5/8"	28#	120	Common	100	3% CaCl
Production	6 3/4"	4 1/2"	9.5#	931	Common	150	18% salt 4% gel .5% CFR-2 2% CaCl
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
.....	NONE			NONE		
.....	
.....	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size NONE Set At Packer at				NONE			
Date of First Production		Producing Method					
N/A		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....					