

ORIGINAL COPY

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

Operator License # 30730

Name : Horizontal Development and Production Inc.

Address : 16218 Clara Van Trail Unit B

City/State/Zip : Austin, TX 78734

Purchaser : N/A

Operator Contact Person : Steve Watson

Phone : (512) 266-1782

Contractor Name : McGown Drilling

License : 5786

Wellsite Geologist : George E. Peterson

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

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

If Workover :

Operator : _____

Well Name : _____

Comp. Date : _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBTB

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

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

02/12/97 _____ 02/13/97 _____ 02/14/97 _____
Spud Date Date Reached TD Completion Date

API NO. 15-087-205580000

County Jefferson

NW__NE__NE__NE__ Sec. 19__ Twp. 8S__ Rge. __W

5110 ___ Feet from (S)/N (circle one) Line of Section

400 ___ 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 Swoyer A _____ Well 2

Field Name Wildcat _____

Producing Formation None

Elevation : Ground 1169' _____ KB _____

Total Depth 1720' _____ PBTB _____

Amount of Surface Pipe Set and Cemented at 40 _____ 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 D&A 97 6-9-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Gel _____

Location of fluid disposal if hauled offsite :

Operator Name : Horizontal Development & Production Inc.

Lease Name : Swoyer A-2 License No. 30730

NE _____ Quarter Sec. 19__ Twp. 8__ S Rng. 20__ (E)/W

County Jefferson _____ 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 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.

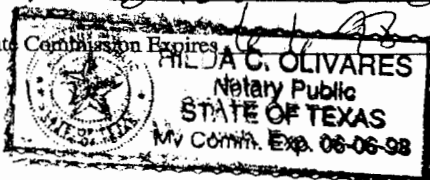
Signature Steve Watson
(Steven C. Watson)

Title Office Manager _____ Date _____

Subscribed and sworn to before me this 30 day of MARCH 1997.

Notary Public Hilda C. Olivares

Date Commission Expires 6-6-98



K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution

KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
(Specify)

Operator Name : Horizontal Development and Production Inc.

Lease Name : Swoyer A _____ Well # 2

Sec. 19 Twp. 8S Rge. 20 East West

County Jefferson _____

INSTRUCTIONS : Show important tops and base of formations penetrated. Detail all Cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

ORIGINAL

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 : R A Guard
Neutron/Density Porosity

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample		
Name	Top	Datum
Base KC	934	+235
Marmaton	1072	+97
Cherokee	1166	+3
Coal Marker	1591	-422
Upper McLouth	1660	-491
Middle McLouth	1669	-500
Lower McLouth	1680	-511
Mississippi	1697	-528

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 1/4"	8 5/8"		40'	Portland A	30	3% CaCl 2% gel

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth

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

Date of First, Resumed Production, SWD or Inj.	Producing Method
D & A	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

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

Disposition of Gas : **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

RECEIVED KANSAS CORPORATION COMMISSION

MAR 24 1997

CONSERVATION DIVISION WICHITA, KS