

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

Operator: License # 5259

Name: Mai Oil Operations, Inc.

Address P.O. Box 33

City/State/Zip Russell, Kansas 67665

Purchaser: _____

Operator Contact Person: Allen Bangert

Phone (785) 483-2169

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Todd Morgenstern

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW 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
 Conmingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6-27-02 7-3-02 7-3-02

Spud Date 6-27-02 Date Reached TD 7-3-02 Completion Date 7-3-02

API NO. 15- 163-23347-00-00

County Rooks

50' N & 150' W
-SW- -SE- -NW Sec. 20 Twp. 10S Rge. 20 X E

3020 Feet from (S) Line of Section

3780 Feet from (E) Line of Section

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

Lease Name Helen Keller Well # 1

Field Name Trico

Producing Formation _____

Elevation: Ground 2159 KB 2164

Total Depth 3815 PBTB _____

Amount of Surface Pipe Set and Cemented at 237 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 FAEBB-0-02
(Data must be collected from the Reserve Pit)

Chloride content 32,000 ppm Fluid volume 400 bbls

Dewatering method used Allow to dry and backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ 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 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 Allen Bangert Date _____

Title _____ Date _____

Subscribed and sworn to before me this 16 day of July, 19 02.

Notary Public Sherri Underwood

Date Commission Expires 10-30-02

K.C.C. OFFICE USE ONLY		
<input checked="" type="checkbox"/> Letter of Confidentiality Attached		
<input checked="" type="checkbox"/> Wireline Log Received		
<input checked="" type="checkbox"/> Geologist Report Received		
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

Operator Name MAI OIL OPERATIONS, INC.

Lease Name HELEN KELLER

Well # 1

Sec. 20 Twp. 10 Rge. 20
 East
 West

County ROOKS

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: RAG, SONIC

Name	Formation (Top), Depth and Datums	
	Top	Datum
ANHYDRITE	1655	509
BASE ANHYDRITE	1698	461
TOPEKA	3216	-1052
HEEBNER	3418	-1254
TORONTO	3440	-1276
LANSING	3458	-1294
BKC	3681	-1517
CONGLOMERATE	3744	-1580
RTD	3815	-1651

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	20#	237'	60-40POZ	150	2% GEL 3% CC

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes []
Date of First, Resumed Production, SWD or Inj.	Producing Method <input 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 Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION _____ Production Interval _____

(If vented, submit ACO-18.)