

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

API NO. 15-193-20677-0000

County Thomas

-NW -SE -NE Sec. 25 Twp. 10S Rge. 34 X ^EW

3630 Feet from S/W (circle one) Line of Section

990 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 Mai Well # 1

Field Name Nollette SW

Producing Formation none

Elevation: Ground 3144 ft. KB 3149 ft.

Total Depth 4735 ft. PBTD _____

Amount of Surface Pipe Set and Cemented at 259 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan PA (AEN) EN 7.17.02
(Data must be collected from the Reserve Pit)

Chloride content 24,000 ppm Fluid volume 1,200 bbls

Dewatering method used Air dry and back fill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 31652

Name: Norstar Petroleum Inc.

Address 5 Inverness Dr. E, Ste 120

City/State/Zip Englewood, CO 80112

Purchaser: _____

Operator Contact Person: Per Burchardt

Phone (303) 925-0696

Contractor: Name: Murfin Drilling

License: 30606

Wellsite Geologist: John Rose

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW _____
 Dry _____ Other (Core, WSW, Exp. NO Methodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____ JUN 26 2001

Well Name: CONFIDENTIAL

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBTD

_____ Comingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

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

4/25/01 5/2/01 5/2/01
Spud Date Date Reached TD Completion Date

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 [Signature]

Title President Date 6/25/01

Subscribed and sworn to before me this 25 day of JUNE 2001.

Notary Public Clark D. Parratt

Date Commission Expires 4/5/03

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
_____ SWD/Rep _____ NGPA
_____ Plug _____ Other
(Specify)
KCC
KGS
JUL 13 2001
Form ACO-1 (7-91)

Operator Name Norstar Petroleum Inc. Lease Name Mai Well # 1

Sec. 25 Twp. 10S Rge. 34 East West County Thomas

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 (Attach Additional Sheets.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: DIL, CDL/NL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>2634</td> <td>+515</td> </tr> <tr> <td>Heebner</td> <td>4033</td> <td>-884</td> </tr> <tr> <td>Lansing</td> <td>4074</td> <td>-929</td> </tr> <tr> <td>Ft. Scott</td> <td>4550</td> <td>-1401</td> </tr> <tr> <td>Mississippi</td> <td>4696</td> <td>-1547</td> </tr> <tr> <td>TD</td> <td>4735</td> <td>-1586</td> </tr> </tbody> </table> <p>DST #1 4208-4335 ft 30-60-30-60 IHP 2157#, IFP 165-263#, ISIP 1271#, FFP 370-414# FSIP 1243#, FHP 2149#, Rec.340'MW,- 480'W</p>	Name	Top	Datum	Anhydrite	2634	+515	Heebner	4033	-884	Lansing	4074	-929	Ft. Scott	4550	-1401	Mississippi	4696	-1547	TD	4735	-1586
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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	20	259'	Common	180	3%cc, 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 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 <input type="checkbox"/> No
Date of First, Resumed Production, SMD 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 (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____