

FORM MUST BE TYPED

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

Operator: License # 31521Name: KENMARK CORPORATIONAddress P.O. Box 572City/State/Zip Hays, Kansas 67601Purchaser: NoneOperator Contact Person: Kenneth A. NortonPhone (785) 628-3422Contractor: Name: Discovery Drilling Co., Inc.License: 31548Wellsite Geologist: Mark Kilian

## Designate Type of Completion

 New Well  Re-Entry  Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SLOW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHRR	<input type="checkbox"/> SIGN	
<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, WSW, Expl., <input checked="" type="checkbox"/> hydrocarbons, etc.)		

If Workover/Re-Entry: old well info as follows:

Operator: Well Name: Comp. Date 10/11/99 Old Total Depth 6660

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> PBTD
<input type="checkbox"/> Commingled	<input type="checkbox"/> Docket No. <u></u>	
<input type="checkbox"/> Dual Completion	<input type="checkbox"/> Docket No. <u></u>	
<input type="checkbox"/> Other (SWD or Inj?)	<input type="checkbox"/> Docket No. <u></u>	

10/5/99 10/11/99 10/12/99

Spud Date Date Reached TD Completion Date

SIDE ONE

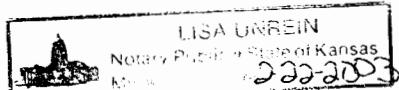
API NO. 15- 051-25,010-0000County Ellis- NW - SE - SW Sec. 28 Twp. 11S Rge. 18W 990 Feet from S/N (circle one) Line of Section1650 Feet from E/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)Lease Name Fisher Well # 3Field Name Producing Formation NoneElevation: Ground 2020 KB 2028Total Depth 3595 PBTD Amount of Surface Pipe Set and Cemented at 220.93 FeetMultiple Stage Cementing Collar Used?  Yes  No If yes, show depth set If Alternate II completion, cement circulated from feet depth to  w/  sx cmt.Drilling Fluid Management Plan P-A 2-2-00 UC  
(Data must be collected from the Reserve Pit)Chloride content 22,000 ppm Fluid volume 480 bblsDewatering method used EvaporationLocation 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, 200 Colorado Derby Building, 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 Kenneth A. NortonTitle VICE-PRESIDENT, KENMARK CORP. Date 11/9/99Subscribed and sworn to before me this 9th day of November, 1999.Notary Public Lisa UnreinDate Commission Expires 2-22-2003

F <input checked="" type="checkbox"/> No		K.C.C. OFFICE USE ONLY	
C <input type="checkbox"/> Letter of Confidentiality Attached			
C <input type="checkbox"/> Wireline Log Received			
C <input checked="" type="checkbox"/> Geologist Report Received			
Distribution			
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA	<input type="checkbox"/> Other
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input checked="" type="checkbox"/> JOG	<input type="checkbox"/> (Specify)
<u></u>			



Operator Name KENMARK CORPORATIONLease Name FisWell # 3Sec. 28 Twp. 11S Rge. 18W  East  WestCounty Ellis

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.) Yes  No

Samples Sent to Geological Survey

 Yes  No

Cores Taken

 Yes  NoElectric Log Run  
(Submit Copy.) Yes  No

List All E.Logs Run:

None

 Log  Formation (Top), Depth and Datums  Sample

Name	Top	Datum
Anhydrite	-1326'	+ 702'
Topeka	-3014'	- 986'
Heebner Shale	-3233'	-1205'
Toronto	-3256'	-1228'
Lansing	-3276'	-1248'
Base Kansas City	-3512'	-1484'
Arbuckle	-3558'	-1530'
R.T.D.	-3595'	-1567'

## CASING RECORD

 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 Pipe	12 $\frac{1}{4}$	8 5/8	20	220.93	60/40Poz	150	2%Gel&3%CC

## ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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)
None	None	None

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. None	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 None	Bbls.	Gas None	Mcf	Water None	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____