FORM MUST BE TYPED SIDE ONE

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

API NO. 15- _051249560000

County _____ Ellis _____

__SE - SW__-_SW__-_____ Sec. _29__ Twp. 11S___ Rge. 19___ ___E/xW

_____150_____ Feet from (S)/N (circle one) Line of Section 29

____ 1200_____ Feet from E/(W) (circle one) Line of Section 29

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

Lease Name _Dale Solomon_____ Well # _1_____

Field Name _Wildcat_____

Producing Formation _Arbuckle_____

Elevation: Ground ___2094_____ KB ___2099_____

Total Depth _____3720_____ PBTD ___3684_____

Amount of Surface Pipe Set and Cemented at __205_____ Feet

Multiple Stage Cementing Collar Used? _____ Yes ___x___ No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _TD_____

feet depth to __Surface w/ 225 sx. mud spacer, & 125 sx

Operator: License # 32034_____

Name: __Hal C. Porter_____

Address 15240 North Bahia Drive_____

P O Box 18515 _____

Fountain Hills AZ 85269 _____

Purchaser: _Koch_____

Operator Contact Person: Hal C. Porter_____

Phone (_602_)__816-1802_____

Contractor: Name: Murfin Drilling Company, Inc._____

License: __30606_____

Wellsite Geologist: _____Jerry Green _____

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

___x_ Oil _____ SWD _____ SIOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBTD
_____ Commingled Docket No. _____
_____ Dual Completion Docket No. _____
_____ Other (SWD or Inj?) Docket No. _____

Spud Date 3/21/97 | Date Reached TD 3/9/97 | Completion Date 4/10/97

Drilling Fluid Management Plan Alt. 2 12-24-97 U.C.
(Data must be collected from the Reserve Pit)

Chloride content ___5,000____ppm Fluid volume _200_____bbls

Dewatering method used _Allowed to Air Dry_____

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 _____

Title _Operator_____ HAL C. PORTER Date 4/28/97

Subscribed and sworn to before me this 28 day of April, 19 97.

Notary Public _____ Kathleen Brown

Date Commission Expires _____ 11-27-98

OFFICIAL SEAL
KATHLEEN BROWN
Notary Public - State of Arizona
MARICOPA COUNTY
My Comm. Expires Nov. 27, 1998

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)

Form ACO-1 (7-91)

SIDE TWO

Operator Name Hal C. Porter Lease Name Dale Solomon Well # 1

Sec. 29 Twp. 11S Rge. 19 ☐ East ☒ West County Ellis

COPY

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 ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

List All E.Logs Run: Compensated Density Neutron
Sonic
Correlation Cement Bond

☒ Log **Formation (Top), Depth and Datums** ☐ Sample

Name	Top	Datum
Anhydrite	1444	+655
Topeka	3096	-997
Heebner	3320	-1221
Toronto	3342	-1243
Lansing-Kansas City	3361	-1262
Base L-KC	3583	-1484
Arbuckle	3653	-1554
RTD	3722	-1623

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 Casing	12-1/4"	8-5/8"	24#	205	60/40Pos	145	2% gel
Production Casing	7-7/8"	5-1/2"	15.5	3719	Midcon 2	350 sx	cc, gilsonite

ADDITIONAL CEMENTING/SQUEEZE RECORD **SEE ATTACHED HALLIBURTON REPORT AND DISCUSSION**

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)	Depth
Four	3659-3661	Dumped 250 gal MCA	3659-61

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	3675		☐ Yes ☒ No

Date of First, Resumed Production, SWD or Inj.	Producing Method
April 18 1997	☐ Flowing ☒ Pumping ☐ Gas Lift ☐ Other (Explain)

Estimated Production Per 24 Hours	Oil 64 Bbls.	Gas Nil Mcf	Water 0 Bbls.	Gas-Oil Ratio Nil	Gravity 26

Disposition of Gas: Nil

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled

☐ Other (Specify) _____

Production Interval

3659-3661

D:\A-AAA\WPDOCS\3-D\ZERFAS-T\SOLOMON.NO1\REPORTS\SOLOMON.AO1