

COPY 1482
SIDE ONE

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

Operator: License # 8541

Name: Petex, Inc.

Address 1610 E. Sunshine

City/State/Zip Springfield, MO 65804

Purchaser: _____

Operator Contact Person: Larry Childress

Phone (417) 887-1225

Contractor: Name: Blue Goose Drilling
License: 5104

Wellsite Geologist: Thomas Funk

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD Temp. Abd.
- Gas Inj Delayed Comp.
- Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

- Mud Rotary Air Rotary Cable

8/17/91 8/23/91

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 109-20,515

County Logan

SW SE SW Sec. 18 Twp. 11 Rge. 32 XX East West

330 Ft. North from Southeast Corner of Section

3630 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

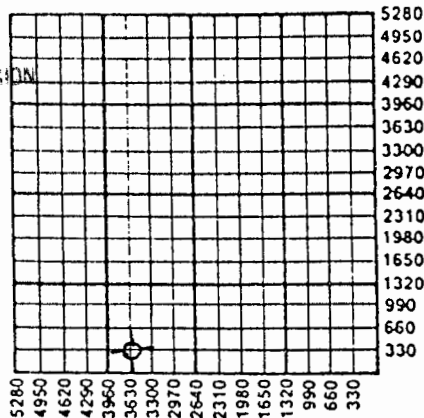
Lease Name Zerr Well # 3

Field Name Cook

Producing Formation _____

Elevation: Ground 3079 KB 3086

Total Depth 4620 PBDT _____



AIR D + A

Amount of Surface Pipe Set and Cemented at 298 Feet

Multiple Stage Cementing Collar Used? n/a Yes _____ No _____

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Larry Childress

Title President Date 9/10/91

Subscribed and sworn to before me this 10 day of September, 1991

Notary Public Peggy Steelman

Date Commission Expires 29/94

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

Distribution

KCC SWD/Rep' NGPA

KGS Plug Other (Specify) F.I.S.

SIDE TWO

Operator Name Petex, Inc Lease Name Zerr Well # 3
 Sec. 18 Twp. 11 Rge. 32 East County Logan
 West

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.)

see attached sheet

Name	Formation Description	
	Top	Bottom
Anhydrite	2587	+499
B/Anhydrite	2614	+472
Heebner	4016	-930
Lansing	4059	-973
Muncie Creek	4193	-1107
Stark Shale	4274	-1188
Marmaton	4369	-1283
Ft. Scott	4531	-1445
Johnson Zn	4605	-1519

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	12½	8-5/8	20	298	60-40 pos	165	2%cc 3%gel

Shots Per Foot	PERFORATION RECORD 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 Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift 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 Perforation Dually Completed Commingled
 Other (Specify) _____

Production Interval _____

COPY
DRILL STEM TESTS

18-11-32W

No.	Interval	IFP/Time	ISIP/Time	FFP/Time	FSIP/Time	IHH-FHH	RECOVERY
1	4118- 4139	50-91 30"	1273# 45"	126-182 45"	1253# 60"	2047- 2027# 118°F.	360' SW (Chls: 40,000 ppm)
2	4551- 4620	40-40 30"	50# 30"	40-40 30"	40# 30"	2296- 2296# 123°F.	5' mud

RECEIVED
 STATE COMBUSTION COMMISSION

SEP 12 1991

CLERK OF COMMISSION
 MICHAEL J. ...