

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

Operator: License # 5252

Name: R P NIXON OPERATIONS INC

Address 207 W 12TH

City/State/Zip HAYS KS 67601

Purchaser: NA

Operator Contact Person: DAN A NIXON

Phone (913) 628-3834

Contractor: Name: SHIELDS DRILLING CO INC

License: 5655

Wellsite Geologist: DAN A NIXON

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

If OWO: old well info as follows:
Operator: _____

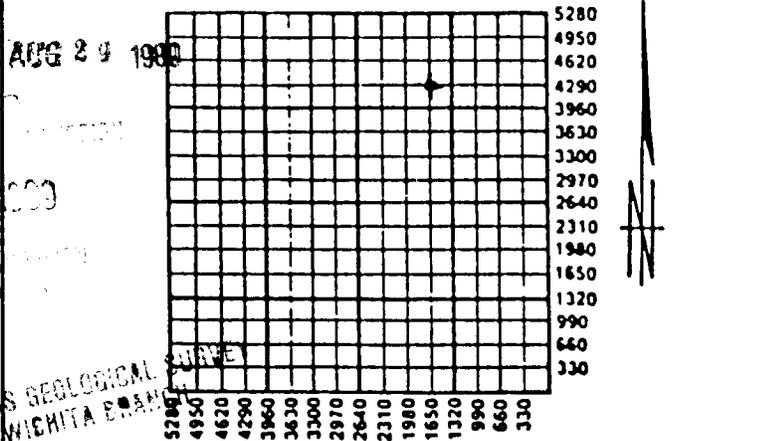
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

3-89 8-15-89 8-16-89
Spud Date Date Reached TD Completion Date

API NO. 15- 051-24,605
County ELLIS
SE NW NE Sec. 9 Twp. 12 Rge. 17 East West
4290 Ft. North from Southeast Corner of Section
1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name DREILING Well # 1
Field Name UNKNOWN
Producing Formation NA
Elevation: Ground 2117 KB 2122
Total Depth 3646 PBTD N.A.



Amount of Surface Pipe Set and Cemented at 206' Feet
Multiple Stage Cementing Collar Used? Yes NA No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

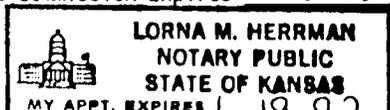
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential 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 [Signature]
Title PRESIDENT Date 8-21-89

Subscribed and sworn to before me this 21 day of AUGUST, 19 89.

Notary Public [Signature]
Date Commission Expires 6-19-92 Lorna M Herrman



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)
[Signature]

SIDE TWO

Operator Name R P NIXON OPERATIONS INC Lease Name DREILING Well # 1

Sec. 9 Twp. 12 Rge. 17 East West County 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 Yes No (Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No (Submit Copy.)

Formation Description
 Log Sample
Name Top Bottom

SEE ATTACHED GEOLOGICAL REPORT

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	12 1/4"	8 5/8	20#	206	POZMIX	140	3%cc 2% gel

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(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 _____

