

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

Operator: License # _____

Name: Deep Rock Exploration

Address 111 W. 12th

Goodland, Kansas 67735

City/State/Zip _____

Purchaser: _____

Operator Contact Person: Ross McGukin

Phone (785) 899-7060

Contractor: Name: BHK

License: _____

Wellsite Geologist: Tyler Sanders

Designate Type of Completion

New Well Re-Entry Workover

Oil SLD SLOW 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/SLD

Plug Back _____ PSTD

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

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

1-23-02 2-04-02 2.5.02

Spud Date Date Reached TD Completion Date

API NO. 15- 199-20289-0000

County Wallace

- NE-NE - NE Sec. 15 Twp. 14 Rge. 39 X ^E _W

331 Feet from S(N) (circle one) Line of Section

330 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 Larson Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 3527 KB 3537

Total Depth 5520 PSTD _____

Amount of Surface Pipe Set and Cemented at 380 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 P&H 8-21-02
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used evaporation

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 [Signature]

Title Agent Date 6-30-02

Subscribed and sworn to before me this 30TH day of July, 2002.

Not Public Janice K. Bright
Date Commission Expires 3-26-05

RECEIVED
KANSAS CORPORATION COMMISSION

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

JANICE K. BRIGHT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

JUL 31 2002

Form ACO-1 (7-91)

CONSERVATION DIVISION
WICHITA, KS

Operator Name Deep Rock Exploration Lease Name Larson Well # 1

East County Wallace
 West
 _____ Tp. _____ Rge. _____

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Did not run E-Logs	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Topeka</td> <td>3903</td> <td>-366</td> </tr> <tr> <td>Heebner</td> <td>4051</td> <td>-514</td> </tr> <tr> <td>Lansing</td> <td>4111</td> <td>-574</td> </tr> <tr> <td>B/KC</td> <td>4462</td> <td>-925</td> </tr> <tr> <td>Morrow</td> <td>4824</td> <td>-1287</td> </tr> <tr> <td>Mississippian</td> <td>4946</td> <td>-1409</td> </tr> </tbody> </table>	Name	Top	Datum	Topeka	3903	-366	Heebner	4051	-514	Lansing	4111	-574	B/KC	4462	-925	Morrow	4824	-1287	Mississippian	4946	-1409
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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		380	common	275	3% CaCl

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		60/40 poz	215	plugs @ 5504, 2710, 1680, 420' surface

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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: _____