

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

Operator: License # 6015
Name: Cambria Corporation
Address P.O. Box 1065

City/State/Zip Great Bend, KS 67530

Purchaser: _____
Operator Contact Person: Robert D. Dougherty
Phone (316) 793-9055

Contractor: Name: Express Well Service
License: 6426
Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:
Operator: TOMLINSON OIL COMPANY
Well Name: RUSCO # 2
Comp. Date 01-23-79 Old Total Depth 3375
 Deepening Re-perf. Conv. to Inj/SW
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
9/22/00 9/26/00 10/27/00
Spud Date Date Reached TD Completion Date

API NO. 15- 009- 21552-0002 2
County Barton
3E Sec. 14 Twp. 18s Rge. 13W
1320 FSL Feet from S/N (circle one) Line of Section
1265 FEL 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 Rusco 'A' Well # 1
Field Name Homestead NE

Producing Formation Permian
Elevation: Ground 1799 GL KB 1804
Total Depth 1734 ft. PBTB 1714 ft.

Amount of Surface Pipe Set and Cemented at 442 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

At Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan WGS 1 4/26/01 JB
(Data must be collected from the Reserve Pit)
There was no reserve pit
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporation f/ working pits

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 Robert D. Dougherty
Title President Date 1/03/01

Subscribed and sworn to before me this 3rd day of January,
2001.
NOTARY PUBLIC-State of Kansas
PATRICIA M. GREEN
My Appt. Exp. 2-8-2002
Date Commission Expires 2-8-2002

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)

RELEASED
MAR 2 2002

FROM CONFIDENTIAL

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 08 2001
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS

Operator Name Cambria Corporation Lease Name Rusco 'A' Well # 1
 Sec. 14 Twp. 18s Rge. 13w East
 West County Barton

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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Dual Ind. - CNL/CDL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Anhydrite 697 +1107
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CASING RECORD <input 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		442		225	
Production	7 7/8	4 1/2	10.5	1734	Allied ASC	125	

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				

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
1	1595-1598		
1	1613-1618	1500 gal Hcl	1618

UBING RECORD Size 2 3/8 Set At 1594 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SVD or Inj. Shut-in - waiting on connection _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: _____ METHOD OF COMPLETION _____ Production Interval _____
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, submit ACO-18.) Other (Specify) _____