

1. NAME 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

Operator: License # 5393

Name: A.L. Abercrombie Inc.

Address 150 No. Main

Suite 801

City/State/Zip Wichita, Ks. 67202

Purchaser: _____

Operator Contact Person: Jerry Langrehr

Phone (316) 262-1841

Contractor: Name: Abercrombie RTD, Inc.

License: 30684

Wellsite Geologist: M. Bradford Rine

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

10-25-96 11-3-96 _____
Spud Date Date Reached TD Completion Date

API NO. 15- 101-21,783 ³ ⁷⁸⁰

ORIGINAL

County Lane

NE - SE - SE Sec. 10 Twp. 18S Rge. 30 ^E _W

1200 Feet from (S)N (circle one) Line of Section

400 Feet from (E)W (circle one) Line of Section

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

Lease Name Huseman Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 2862' KB 2867'

Total Depth 4647' PBTB _____

Amount of Surface Pipe Set and Cemented at 312.0 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Per A, 3-4-98 O.C.
(Data must be collected from the Reserve Pit)

Chloride content 26,000 ppm Fluid volume 1280 bbls

Dewatering method used Evaporization

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 Jerry C. Langrehr

Title Executive Vice President Date 12-18-96

Subscribed and sworn to before me this 18th day of December, 1996.

No. Public Sandra C. McCaig

Date Commission Expires 1-31-98

K.C.C. OFFICE USE ONLY					
F	<input type="checkbox"/>	Letter of Confidentiality Attached			
C	<input checked="" type="checkbox"/>	Wireline Log Received			
C	<input checked="" type="checkbox"/>	Geologist Report Received			
Distribution					
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/>	Plug	<input checked="" type="checkbox"/>	Other (Specify)

SANDRA C. McCAIG
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-31-98

Form ACO-1 (7-91)

Operator Name Amherdumble, Inc. Lease Name Huseman Well # 1
 Sec. Twp. Rge. East West
 County Lane

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 type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E.Logs Run:
*Dual Ind., Dual Comp.
 Porosity Log.*

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"	20#	312.0	60/40 pos	200	2% gel, 3% cc

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	<i>P&A</i>	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil <i>NA</i> 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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____