

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Handwritten initials

Operator: License # 31458
 Name: H J Inc
 Address: 70 N. Farmland Rd
 City/State/Zip: Garden City, KS 67846
 Purchaser: Lumen Energy Corp.
 Operator Contact Person: Kenneth Lang
 Phone: (620) 287-1910
 Contractor: Name: Express Well Service
 License: 6426 **RECEIVED**
 Wellsite Geologist: Jim Musgrove **NOV 12 2003**
 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/Re-entry: Old Well Info as follows:
 Operator: Skelly Oil Co.
 Well Name: Everett #1
 Original Comp. Date: 12-13-55 Original Total Depth: 3554
 ___ Deepening ___ Re-perf. ___ Conv. to Enhr./SWD
 Plug Back 1815 Plug Back Total Depth
 ___ Commingled Docket No. _____
 ___ Dual Completion Docket No. _____
 ___ Other (SWD or Enhr.?) Docket No. _____
 8-11-03 8-13-03 8-21-03
 Spud Date or Date Reached TD Completion Date or Recompletion Date

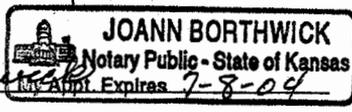
API No. 15 - 009-16298-0001
 County: Barton
 ___ SW ___ SW ___ NE Sec. 17 Twp. 19 S. R. 14 East West
2310 feet from S / (circle one) Line of Section
2310 feet from (circle one) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Georgia Well #: 1-17
 Field Name: Heizer West
 Producing Formation: Herrington-Krider
 Elevation: Ground: 1899 Kelly Bushing: _____
 Total Depth: 1817 Plug Back Total Depth: 1815
 Amount of Surface Pipe Set and Cemented at 849 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1798
 feet depth to 1530 w/ 250 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 30,000 ppm Fluid volume 400 bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite:
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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 of 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: Kenneth Lang
 Title: President Date: 11-7-03
 Subscribed and sworn to before me this 7th day of November, 2003
 Notary Public: Joann Borthwick
 Date Commission Expires: July 8, 2004



KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: H J Inc Lease Name: Georgia Well #: 1-17
 Sec 17 Twp. 19 S. R. 14 East West County: Barton

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Sonic Cement Bond Log</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>None Available</u> Top Datum
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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 pipe				849	All ready in hole		
Production	7 7/8	5 1/2	17#	1815	65/35 ASC	150 - 100	6% Gel 1/4# floseal 5# Kolseal

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
2	1749- 1763	Acid treatment 1000 gal	
2	1772-1778	15% HCL 100 Ball Sealers	
		1500 gal 2% KCL Flush	
		I Sip on vacuum	

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>1745</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First. Resumerd Production, SWD or Enhr.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls. <u>None</u>	Gas Mcf <u>100</u>	Water Bbls. <u>15</u>	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	