

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION OR RECOMPLETION FORM
ACO-1 WELL HISTORY

DESCRIPTION OF WELL AND LEASE

Operator: License # 9067
Name Damar Resources, Inc.
Address P. O. Box 70
City/State/Zip Hays, KS 67601

Purchaser.....

Operator Contact Person Dan Schippers
Phone 913-625-0020

Contractor: License # 8241
Name Emphasis Oil Operations

Wellsite Geologist Ken Wallace
Phone (316) 265-9444

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

If ONWO: old well info as follows:
Operator.....
Well Name.....
Comp. Date.....Old Total Depth.....

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
Mud Date 12-23-84 Date Reached TD 1-03-85 Completion Date 1-03-85
Total Depth 4441' RTD PBD

Amount of Surface Pipe Set and Cemented at 489 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated from.....feet depth to.....w/.....SX cmt

Wireline Log

API No. 15-083-21,181
County Hodgeman
200' SE NW NW SE 13 22S Rge 22 East West

2135 Ft North from Southeast Corner of Section
2155 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

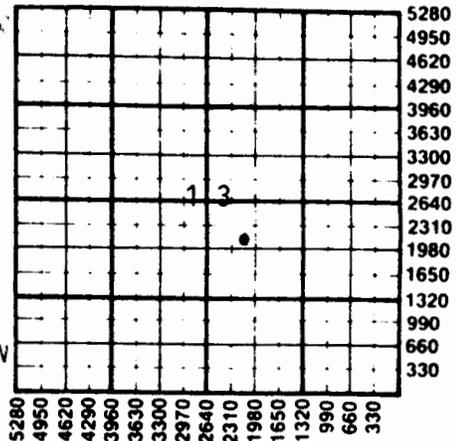
Lease Name Hall Well # 1

Field Name.....

Producing Formation.....

Elevation: Ground 2148 2153 KB

Section Plat



MAY 2 1985
State Corporation Commission
Wichita, Kansas

RECEIVED
STATE CORPORATION COMMISSION
MAY 14 1985
CONSERVATION DIVISION
Wichita, Kansas

WATER SUPPLY INFORMATION

Disposition of Produced Water: Disposal Repressuring
Docket #

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

Groundwater 2135 Ft North from Southeast Corner
(Well) 2155 Ft West from Southeast Corner of
Sec 13 Twp 22S Rge 22 East West

Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

Other (explain).....
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in duplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 90 days after completion or recompletion of any well. Rule 82-3-130 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 drillers time log shall be attached with this form. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

SIDE TWO

Operator Name DaMar Resources, Inc. Lease Name Hall Well # 1

Sec. 13 Twp. 22S Rge. 22 East West County Hodgeman

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name	Top	Bottom
Heebner	3730	(-1577)
Lansing-K.C.	3793	(-1640)
Stark	4049	(-1896)
Base Lansing-K.C.	4129	(-1976)
Fort Scott	4323	(-2170)
Cherokee	4347	(-2194)
Mississippi	4409	(-2256)
R.T.D.	4441	(-2288)

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"	24#	489'	60/40POZ	285	3% ca. 2% gel
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.....
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
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.....
.....
.....
TUBING RECORD				Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First Production		Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....			