

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

RECEIVED
AUG 19 2002
KCC WICHITA
COPY

Operator: License # 31653
 Name: Buffalo Operating Corporation
 Address: 700 Burbank Street
 City/State/Zip: Broomfield/CO/80020
 Purchaser: ONEOK
 Operator Contact Person: Randall K. Arnold
 Phone: (303) 813-1568
 Contractor: Name: Superior Servicing Inc
 License: _____
 Wellsite Geologist: Ron Osterberg
 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/Re-entry: Old Well Info as follows:
 Operator: Buffalo Operating Corporation
 Well Name: Meisel #4
 Original Comp. Date: 5/2/02 Original Total Depth: 2602
 Deepening _____ Re-perf. Conv. to Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. D-27,994

3/9/02 _____ 3/10/02 _____ 7/19/02
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 075-20784-001
 County: Hamilton
C E/2 E 2 SW Sec. 6 Twp. 23 S. R. 40 East West
1320 feet from (S) N (circle one) Line of Section
2340 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Meisel Well #: 4
 Field Name: Bradshaw
 Producing Formation: Disposal
 Elevation: Ground: 3456 Kelly Bushing: 3462
 Total Depth: 2918 Plug Back Total Depth: Open Hole
 Amount of Surface Pipe Set and Cemented at 326 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 2602
 feet depth to surface w/ 525 sx cmt.

Drilling Fluid Management Plan Workover ENH S-D-CR
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 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: Randall K. Arnold
 Title: President Date: 8/13/02
 Subscribed and sworn to before me this 13th day of August
2002
 Notary Public: Barbara J. Stratton
 Date Commission Expires: Jan. 29, 2006

KCC Office Use ONLY

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

COPY

Side Two

Operator Name: Buffalo Operating Corporation Lease Name: Meisel Well #: 4
 Sec. 6 Twp. 23 S. R. 40 East West County: Hamilton

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>Temp Survey</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Log</td> <td style="width: 40%;">Formation (Top), Depth and Datum</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top Datum</td> <td></td> </tr> <tr> <td>Towanda</td> <td>2613 2664</td> <td></td> </tr> <tr> <td>Ft Riley</td> <td>2664 2733</td> <td></td> </tr> <tr> <td>Council Grove</td> <td>2733 2918</td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>AUG 19 2002</p> <p>KCC WICHITA</p> </div>	Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample	Name	Top Datum		Towanda	2613 2664		Ft Riley	2664 2733		Council Grove	2733 2918	
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CASING RECORD New <input checked="" 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	326	Class A	190	2% KCL, 3% gel
Production	7 7/8	5 1/2	14	2602	Class C	525	flo-seal
Tubing	4 7/8	2 7/8	4.6	2731	Class C	225	flo-seal

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 checked="" type="checkbox"/> Plug Off Zone	2584	Class C	125	2% cacl

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

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	2731	2731	Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
7/22/02		Flowing	Pumping	Gas Lift Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	N/A			

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) SWD Well