

COPY

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

API NO. 15- 185-230430000

County Stafford

C - SW - NE - SE Sec. 17 Twp. 25S Rge. 14 XX W

1650 Feet from SN (circle one) Line of Section

990 Feet from EW (circle one) Line of Section

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

Lease Name Toland Well # A-1

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 1975 KB 1984

Total Depth 4250 PBDT

Amount of Surface Pipe Set and Cemented at 267 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from N/A

feet depth to N/A w/ N/A sx cmt.

Operator: License # 5010

Name: Knighton Oil Company, Inc.

Address 221 S. Broadway

Suite 710 Petroleum Building

City/State/Zip Wichita, Kansas 67202

Purchaser:

Operator Contact Person: Earl M. Knighton, Jr.

Phone (316) 264-7918

Tractor: Name: Duke Drilling Co., Inc

License: 5929

Wellsite Geologist: David D. Montague

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

X 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 PBDT

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

2/11/97 2/19/97 2/20/97

Spud Date Date Reached TD Completion Date

Drilling Fluid Management Plan D&A JH 12-4-97
(Data must be collected from the Reserve Pit)

Chloride content 10,000 ppm Fluid volume bbls

Dewatering method used Steel pits were used

Location of fluid disposal if hauled offsite:

Operator Name Gee Oil Service

Lease Name Hyter License No. 03546

NE/4 Quarter Sec. 12 Twp. 24 S Rng. 15 W

County Stafford Docket No. D19913

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 David D. Montague

Title Geologist Date 3/7/97

Subscribed and sworn to before me this 7th day of March 19 97.

Notary Public Sarah A. Simon

Commission Expires 12/11/97

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)

MAR 07 1997

Operator Name Knighton Oil Company, Inc. Lease Name Toland A-1 Well # _____

Sec. 17 Twp. 25S Rge. 14
 East
 West

County Stafford

COPY

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.) : All E.Logs Run: None Five Drill Stem Test attached.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input type="checkbox"/> Log</td> <td style="width:70%;">Formation (Top), Depth and Datums</td> <td style="width:20%;"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Heebner</td> <td>3555</td> <td>-1571</td> </tr> <tr> <td>Lansing</td> <td>3722</td> <td>-1738</td> </tr> <tr> <td>BKC</td> <td>3994</td> <td>-2010</td> </tr> <tr> <td>Mississippian</td> <td>4112</td> <td>-2128</td> </tr> <tr> <td>Viola</td> <td>4197</td> <td>-2213</td> </tr> </table>	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample	Name	Top	Datum	Heebner	3555	-1571	Lansing	3722	-1738	BKC	3994	-2010	Mississippian	4112	-2128	Viola	4197	-2213
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CASING RECORD

New 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#	267	60/40 Poz	185	3% CC 2% gel

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
		RECEIVED KANSAS CORPORATION COMMISSION
		MAR 07 1997

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Inj.	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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Position 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 _____