

COPY *Handwritten initials*

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

API NO. 15- 055-21317

County Finney

2935' FSL; 2935' FEL
Sec. 4 Twp T25S Rge. R33W

2935' Feet from S/N (circle one) Line of Section

2935' Feet from E/W (circle one) Line of Section

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

Lease Name McWilliams Well # #2-4

Field Name unnamed

Producing Formation N/A

Elevation: Ground 2908' KB 2917'

Total Depth RTD 5038 LTD 5033 PBDT 1780

Amount of Surface Pipe Set and Cemented at 1859' @ 1870' Feet

Multiple Stage Cementing Collar Used? XX Yes XX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cm.

Drilling Fluid Management Plan D&A 29 11-29-94
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

RECEIVED

Operator Name KANSAS CORPORATION COMMISSION

Lease Name _____ License No. _____

Quarter JUL 27 1994 Sec. _____ Twp. _____ S Rng. _____ E/W

County CONSERVATION DIVISION

WICHITA, KS

Operator: License # 06113

Name: Landmark Oil Exploration, Inc.

Address 250 N. Water, Suite 308

Wichita, Kansas 67202

City/State/Zip _____

Purchaser: N/A

Operator Contact Person: Jeff Wood

Phone (316) 265-8181

Contractor: Name: Murfin Drilling Co., Inc.

License: 30606

Wellsite Geologist: Craig L. Caulk

Designate Type of Completion

XX New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ SLOW _____ Temp. Abd.

_____ Gas _____ ENHR _____ SIGW _____

XX Dry _____ Other (Core, WSV, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:

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. _____

06/20/94 07/02/94 07/02/94

Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 _____

Title President, Jeffrey R. Wood Date 07/06/94

Subscribed and sworn to before me this 6th day of July 1994.

Notary Public Karri Wolken

Date Commission Expires February 7, 1996

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

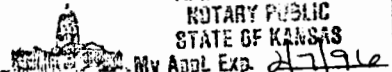
C Geologist Report Received

Distribution

KCC SWD/Rep NEPA

KGS Plug Other (Specify) _____

Form ACO-1 (7-91)



Operator Name Landmark Oil Exploration, Inc. Lease Name McWilliams Well # #2-4
 Sec. 4 Twp. T25S Rge. R33W East West
 County Finney

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests /ing 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 checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. Anhydrite	1946'	+971
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner Sh	3874'	-957
List All E.Logs Run:		Lansing Lms	3972'	-1055
Dual Induction		Stark Sh	4303'	-1386
Micro Log		Pawnee Lms	4556'	-1639
Comp. Neutron Comp. SSD Log		Upper Cherokee	4601'	-1684
Geological Report		Morrow Sh	4829'	-1912
		Morrow Sd	4862'	-1945
		Miss-Chester	4902'	-1985
		St. Louis	4961'	-2044

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		8-5/8"	25#	1870' 1783'	60/40 poz	650	3%CC, 6% gel
					Common	150	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(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, 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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> 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 _____