

**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**

Operator: License # 32384
 Name: Comanche Resources Company
 Address: 9520 N. May, Ste. 370
 City / State / Zip: Oklahoma City, OK 73120
 Purchaser: _____
 Operator Contact Person: Rachel Laubaugh
 Phone: 755-5900 x44
 Contractor: Name: Duke drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Padgett Mud Loggers
 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: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth _____
 _____ Deepening _____ Re- _____ Conv. To Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled Docket No. _____
 _____ Dual Completion Docket No. _____
 _____ Other (SWD or Enhr.?) Docket No. _____

<u>4/29/01</u>	<u>5/11/01</u>	<u>5/31/01</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API No. 15- 097-21464-0000
 County: Kiowa County, Kansas
C - SE SE Sec. 31 Twp. 30 S. R. 19 East West
660' feet from (S) N (circle one) Line of Section
660' feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Hunt Well #: 31-2
 Field Name: Wildcat
 Producing Formation: Mississippi
 Elevation: Ground: 2165' Kelly Bushing: 2175'
 Total Depth: 5300' Plug Back Total Depth: _____
 Amount of Surface Pipe set and Cement at 657' feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ feet
 If Alternate II Completion, cement circulated from _____
 feet depth to _____ w/ _____ sx. cmt.

Drilling Fluid Management Plan *ALT 1 g'u 10/22/02*
 (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 and 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 the statements herein are complete and correct to the best of my knowledge.

Signature: Rachel Laubaugh
 Title: Production Assistant Date: 9-24-01
 Subscribed and sworn to before me this 24 day of September
2001
 Notary Public: Gaura S. Lillard
 Date Commission Expires: 11-6-03

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____

Wireline Log Received
 MUD LOG Received
 _____ UIC Distribution

Operator Name: Comanche Resources Company Lease Name: Hunt Well #: 31-2
 Sec. 31 Twp. 30 S. R. 19 East West County: Kiowa County, Kansas

INSTRUCTIONS: Show how important tops and base formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressures 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 (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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">Name</th> <th style="width:15%;">Top</th> <th style="width:15%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Brown Lime</td> <td></td> <td>4388 -2223</td> </tr> <tr> <td>Lansing</td> <td></td> <td>4412 -2247</td> </tr> <tr> <td>Cherokee</td> <td></td> <td>4968 -2803</td> </tr> <tr> <td>Mississippian</td> <td></td> <td>5058 -2893</td> </tr> <tr> <td>Warsaw Dolomite</td> <td></td> <td>5176 -3011</td> </tr> </tbody> </table>	Name	Top	Datum	Brown Lime		4388 -2223	Lansing		4412 -2247	Cherokee		4968 -2803	Mississippian		5058 -2893	Warsaw Dolomite		5176 -3011
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Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Electric Log Run (Submit Copy) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
List all E. Logs Run:	Micro, Neutron Density, Array Induction																		

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <small>Report all strings set-conductor, surface, intermediate, production, etc.</small>							
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
Conductor		20"	48#	75'			
Surface	12 1/4"	8 5/8"	24#	657'	35/65 Poz Class A	250, 200	6 % gel, 2 % cc, 2 % cc
Production	7 7/8"	4 1/2"	10.5#	5297'	Class H ASC	185	2 % cc

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type and 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 <small>Specify Footage of Each Interval Perforated</small>	Acid, Fracture, Shot, Cement Squeeze Record <small>(Amount and Kind of Material Used)</small>	Depth
4	5128'-34'	acidize perforations w/ 500 gals 15% NEFE	
4	5104'-20'		
4	5078'-80'		
4	5063'-68'		

TUBING RECORD Size <u>2 3/8"</u> Set At <u>5015'</u> Packer At <u>5007'</u>	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Date of First, Resumed 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)
Shut in gas well	
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf. Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION	Production Interval <u>5063'-5134'</u>
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
(If vented, Submit ACO-18.)	<input type="checkbox"/> Other (Specify) _____