

FORM MUST BE TYPED

SIDE ONE

COPY 24-30-80

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

Operator: License # 09282
Name: General Atlantic Resources, Inc.
Address: 410-17th Street, Suite #1400
City/State/Zip: Denver, CO 80202

Purchaser: _____
Operator Contact Person: Richard Burns
Phone (303) 573-4726

Contractor: Name: Emphasis Oil Operations
License: 8241

Wellsite Geologist: Jerry Honas

Designate Type of Completion WIW
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, 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 PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
1/18/94 1/30/94 2/26/94
Spud Date Date Reached TD Completion Date

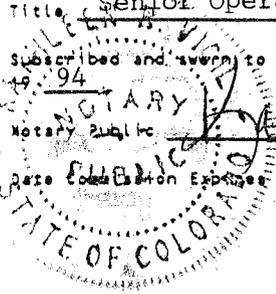
API NO. 15- 095-21-688
County Kingman
NE - SW - SW Sec. 24 Twp. 30 Rge. 8
1100 Feet from S/W (circle one) Line of Section
4300 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Tjaden 'A' WIW Well # 1
Field Name Spivey-Grabs
Producing Formation Mississippi Chat
Elevation: Ground 1614' KB 1619'
Total Depth 4500' PSTD _____
Amount of Surface Pipe Set and Cemented at 310' F
Multiple Stage Cementing Collar Used? Yes _____
If yes, show depth set 2931 F
If Alternate II completion, cement circulated from _____
feet depth to _____ v/ _____ sx c
Drilling Fluid Management Plan 6-6-94 CB
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbl
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/A
County _____ Docket No. _____

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 Richard Burns *Richard A Burns*
Title Senior Operations Engineer Date 3/1/94

Subscribed and sworn to before me this 1st day of March, 1994
Notary Public *Kathleen R. Vigil*
Kathleen R. Vigil
Notary Commission Expires 09-03-97



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)
RECEIVED
CORPORATION COMMISSION

Form ACD-1 (7-91)
MAR 03 1994

Operator Name General Atlantic Resources, Inc. Lease Name Tjaden 'A' WIW Well # 1
 Sec. 24 Twp. 30S Rge. 8 East West County Kingman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests at interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static or hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra 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 Datums	<input type="checkbox"/> Sample
Core Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken(4315-4408')	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka	2785'	-1166
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3293	-1674
List All E.Logs Run:		Lansing	3506	-1887
DIFL/GR/BHCAL/CAL/GR		Base KS. City	4050	-2431
MINILOG/GR		Cherokee	4191	-2572
ZDL/CN/GR/ML		Mississippian	4310	-2691
		Mississippi LM.	4395	-2776
		Total Depth	4498	-2879

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 Perc. Additives
Surface	12-1/4"	8-5/8"	24	301	60/40 w/posmix	200	2% g ()%
Production	7-7/8"	5-1/2"	14	4498	class H pozmix	1060	6% gel, 2% C .25#/ex celloph

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
2 SPF	4310-4338', 4350-4300' 4380 <i>Per Richard Brown G.A.P.F.</i>	wash perfs with 7-1/2% HCl

TUBING RECORD	Size 2-7/8"	Set At 4206'	Packer At 4201'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	-------------	--------------	-----------------	---

Date of First, Resumed Production, SWD or Inj. _____ Producing Method N/A Flowing Pumping Gas Lift Other (Explain) _____
 ON APPROVAL OF KCC

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	ty
N/A					

Disposition of Gas: N/A

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

(If vented, submit ACO-18.)