

# COPY CONFIDENTIAL

FORM MUST BE TYPED

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

Operator: License # 9262  
Name: Lowry Exploration, Inc.  
Address Philtower Bldg., Ste. 1702  
427 S. Boston  
City/State/Zip Tulsa, OK 74103

Purchaser: \_\_\_\_\_  
Operator Contact Person: R. G. Lowry  
Phone (918) 587-5094  
Contractor: Name: Murfin  
License: 30606  
Wellsite Geologist: None

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: **KCC**

Operator: JUNI 1  
Well Name: \_\_\_\_\_

Comp. Date CONFIDENTIAL Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
Plug Back  PBT  
Commingled  Docket No. \_\_\_\_\_  
Dual Completion  Docket No. \_\_\_\_\_  
Other (SWD or Inj?)  Docket No. \_\_\_\_\_

2-25-98 3-4-98 3-5-98  
Spud Date Date Reached TD Completion Date

**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 R. G. Lowry

Title President Date 5-27-98

Subscribed and sworn to before me this 27<sup>th</sup> day of May, 19 98.

Notary Public Brent C. McIngvale

Date Commission Expires February 20, 2002

SIDE ONE

API NO. 15- 175-216850000  
County Seward  
- NE - SW - NW Sec. 20 Twp. 31S Rge. 31 E  
1650 Feet from S/N (circle one) Line of Section  
990 Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, SW or NW (circle one)  
Lease Name Jacobs Well # 1-20  
Field Name Thirty-One  
Producing Formation None  
Elevation: Ground 2828 KB 2839  
Total Depth 5756 PTD \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 1717 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 D&A 8/16 7-7-98  
(Data must be collected from the Reserve Pit)

Chloride content 7300 ppm Fluid volume 800 bbls  
Dewatering method used Evaporation  
Location of fluid disposal if hauled offsite:  
Operator Name Lowry Exploration, Inc.  
Lease Name Jacobs 1 License No. 9262  
NW Quarter Sec. 20 Twp. 31 S Rng. 31 E  
County Seward Docket No. \_\_\_\_\_

<input checked="" type="checkbox"/> F	K.C.C. OFFICE USE ONLY	
<input checked="" type="checkbox"/> C	Letter of Confidentiality Attached	
<input checked="" type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		

MAY 27 1998

Form ACO-1 (7-91)

## SIDE TWO

Operator Name LOWRYLease Name Jacobs Well # 1-20Sec. 20 Twp. 31S Rge. 31  East  
 WestCounty Seward

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 (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	Name Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chase 2630
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B. Heebner Shale 4220
List All E.Logs Run:		Marmaton 4916
		Morrow Shale 5447
		Mississippi 5502
		St. Gen 5605
DI, CDL/CNL		

<b>CASING RECORD</b> <input checked="" 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	12 $\frac{1}{2}$	8 5/8	24#	1717	Class C	750	3% CC

## ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top	Bottom	Type of Cement	#Sacks Used	Type and Percent Additives

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		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>D&amp;A</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
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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
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Disposition of Gas:	METHOD OF COMPLETION							Production Interval
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<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<input type="checkbox"/> Other (Specify) _____
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