

CONFIDENTIAL

OCT 9 8 1991

SIDE ONE

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

Operator: License # 5047

Name: Rupe Oil Company, Inc.
Address: 438 Ohio
P. O. Box 2273
City/State/Zip: Wichita, Kansas 67201

Purchaser: _____

Operator Contact Person: _____

Phone (____) _____

Contractor: Name: Lobo Drilling Company

License: #5864

Wellsite Geologist: Kenneth M. LeBlanc

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OMMO: old well info as follows:

Operator: _____

Well Name: _____

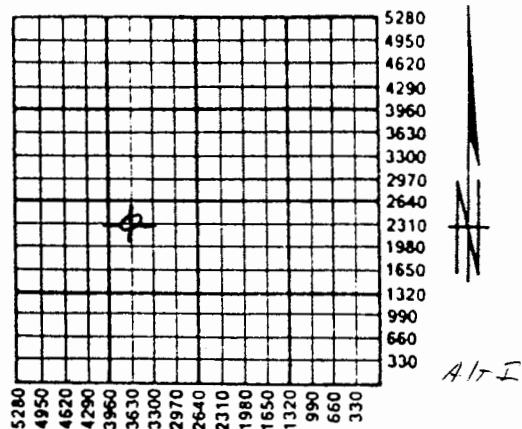
Comp. Date _____ Old Total Depth _____

Drilling Method:

 Mud Rotary Air Rotary Cable

8/ 8/90 8/13/90 8/13/90

Spud Date Date Reached TD Completion Date



ALT DRA

Amount of Surface Pipe Set and Cemented at 272 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 William B. Clement

Title Petroleum Geologist Date 9/17/90

Subscribed and sworn to before me this 17th day of September, 19 90.

Notary Public Faye W. Leach SED 18 1990
 FAYE W. LEACH
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 9/30/93

K.C.C. OFFICE USE ONLY
 F Letter of Confidentiality Attached
 C Wireline Log Received
 C Drillers Timelog Received

Distribution
 KCC SWD/Rep
 KGS Plug NPA
 Other (Specify) IS

8-32-12W

SIDE TWO

Operator Name Rupe Oil Company, Inc.Lease Name ClarkeWell # 1 EastCounty BarberSec. 8 Twp. 32S Rge. 12 West

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.)

 Yes No

Samples Sent to Geological Survey

 Yes No

Formation Description

 Log Sample

Cores Taken

 Yes No

Name Top Bottom

Electric Log Run
(Submit Copy.) Yes No

Onaga Shale	2667'	2722'
Tarkio Limestone	2906'	
Lecompton Limestone	3405'	
Kanwaka Shale	3491'	3531'
Oread Limestone	3531'	

DST #1 3488' - 3530' 30"-60"-30"-60".
Strong blow.
Rec. 60' Muddy Water, 810' Water.
IFP 107-268#, FFP 355-409#,
ISIP 622#, FSIP 569#. Temp. 118°

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#	272'	60/40 Poz		
					Mix	190	3% Gel, 2% CC

PERFORATION RECORD

Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record

(Amount and Kind of Material Used) Depth

Shots Per Foot	Specify Footage of Each Interval Perforated						

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production	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

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, submit ACO-18.)

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____