

FORM MUST BE TYPED

SIDE ONE

COPY *and*

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

Operator: License # 3869
Name: Imperial Oil Properties, Inc.
Address 212 North Market - Suite 513
Wichita, Kansas 67202

Purchaser: UNKNOWN
Operator Contact Person: Bob Williams
Phone (316) 265-6977
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Jon T. Williams

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SVD SLOW Temp. Abd.
 Gas ENHR SIGV
 Dry Other (Core, VSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well to be plugged
Operator: _____
Well Name: MAY 09 1997
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. WICHITA, KS / SVD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____
02-13-97 02-27-97 02-28-97
Spud Date Date Reached TD Completion Date

API NO. 15- 033-20925 0000
County Comanch County, Kansas
C - SW-SW - Sec. 16 Twp. 32S Rge. 18 XXXV
660 Feet from S (circle one) Line of Section
660 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or S (circle one)
Lease Name Bergner Well # 1-16
Field Name NESCATUNGA
Producing Formation VIOLA
Elevation: Ground 2131' KB 2144'
Total Depth 5806' PBDT 6050'
Amount of Surface Pipe Set and Cemented at 624' 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 97 6-16-97
(Data must be collected from the Reserve Pit)
Chloride content 12,600 ppm Fluid volume 160 bbls
Dewatering method used hauled off
Location of fluid disposal if hauled offsite: _____
Operator Name KBW OIL & GAS
Lease Name HARMON SWD License No. 5993
NW Quarter Sec. 11 Twp. 33 S Rng. 20 E/W
County COMANCHE Docket No. CD 98329
KDHE C22304

RECEIVED

KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION

WICHITA, KS / SVD
PBDT

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 [Signature]
Title GEOLOGIST-AGENT Date 5/6/97
Subscribed and sworn to before me this 6 day of MAY
97
Notary Public Patricia S. Armstrong
Date Commission Expires _____

PATRICIA S. ARMSTRONG
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 1-9-2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGRK
 IGS Plug Other
(Specify) IS

Operator Name Imperial Oil Properties, Inc. Lease Name Bergner Well # 1-16
 East County Comanche County, Kansas
 Sec. 16 Twp. 32S Rge. 18 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.)	<input checked="" type="checkbox"/> Yes <input 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	Heebner	4328	-2184
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Lime	4506	-2362
List All E.Logs Run:		Lansing	4525	-2381
		Base K.C.	4936	-2792
		Marmaton	4993	-2849
		Cherokee Sh.	5131	-2987
		Mississippi	5184	-3040
		Viola	5650	-3506
		COMPENSATED NEUTRON		
		COMPENSATED SONIC		
		MICRO-RESISTIVITY		
		ARRAYINDUCTION		

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Conductor		20"		60'	Redi Mix	310	2%cc
Surface	12-1/4"	8-5/8"	23#	624'	HLC & STD	110 & 100	3%cc
Production	7-7/8"	5-1/2"	15.5#	5802'	Mid-Con II EA-2	125 175	

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
2 SPF	5692-98 & 5702-10	1,000 gal 15% FE 5692- 5710

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>5710'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>4/30/97 testing</u>				
Estimated Production Per 24 Hours	Oil <u>NONE</u>	Bbls.	Gas <u>3,063</u>	Mcf <u>NONE</u>
			Water <u>NONE</u>	Bbls.
			Gas-Oil Ratio	Grav

Disposition of Gas:	<input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	(If vented, submit ACO-18.)	METHOD OF COMPLETION	Production Interval
	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled		<input type="checkbox"/> Other (Specify)	<u>5692'-5698'</u>
				<u>5702'-5710'</u>

TAKING FOUR-POINT TEST.