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MAY 13 2002

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

21-32-18W

Form ACO-1
September 1999
Form Must Be Typed

Copy

ORIGINAL

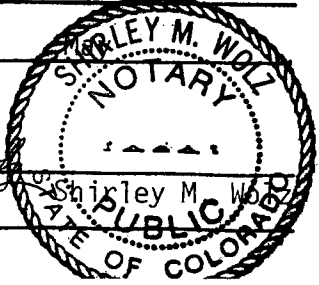
Operator: License # 32451
 Name: CLX ENERGY, INC.
 Address: 518-17th Street, Suite 745
 City/State/Zip: Denver, CO 80202
 Purchaser: _____
 Operator Contact Person: E. J. Henderson
 Phone: (303) 825-7080
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____
 Designate Type of Completion:
 ___ New Well ___ Re-Entry X Workover
 ___ Oil ___ SWD ___ SIOW ___ Temp. Abd.
X Gas ___ ENHR ___ SIGW
 ___ Dry ___ Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: CLX ENERGY, INC.
 Well Name: Acres No. 3
 Original Comp. Date: 1/18/00 Original Total Depth: 5,411'
 ___ Deepening X Re-perf. ___ Conv. to Enhr./SWD
 ___ Plug Back ___ Plug Back Total Depth
 ___ Commingled Docket No. _____
 ___ Dual Completion Docket No. _____
 ___ Other (SWD or Enhr.?) Docket No. _____
 Spud Date or Date Reached TD 4/4/02 Completion Date or Recompletion Date

API No. 15 - 033-21045-0002
 County: Comanche
SW-NW-NE Sec. 21 Twp. 32 S. R. 18 East West
1000 feet from S N (circle one) Line of Section
2310 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Acres Well #: 3
 Field Name: Nescatunga
 Producing Formation: _____
 Elevation: Ground: 2117' Kelly Bushing: 2128'
 Total Depth: 5411' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 663 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 All 1 E4 5.22.02
 (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, 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.

I 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: W.C. Davis
 Name: W. C. DAVIS Date: 5/10/02
 Title: Petroleum Engineer
 Subscribed and sworn to before me this 10th day of May 2002
 Notary Public: Shirley M. Wolf
 My Commission Expires: 9/29/03



KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 ___ Wireline Log Received
 ___ Geologist Report Received
 ___ UIC Distribution

Operator Name: CLX ENERGY, INC. Lease Name: Acres Well #: 3
 Sec. 18 East West County: Comanche

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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 Percent Additives

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 Acid or Other)	Depth
4	5115' - 5119'	1,000 Gals. 15% MCA	

LOGGING RECORD	Size <u>2-3/8"</u> Set At <u>5045'</u> Packer At <u>5011'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First Resumerd Production, SWD or Enhr. <u>4/4/02</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours	Oil Bbls. <u>-0-</u>	Gas Mcf <u>475</u>	Water Bbls. <u>-0-</u>	Gas-Oil Ratio	Gravity	

Disposition of Gas: Vented Sold Used on Lease (If vented, Submit ACO-18.)

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

Production Interval: _____