

**KANSAS CORPORATION COMMISSION
Oil & Gas Conservation Division
WELL COMPLETION FORM
WELL HISTORY- DESCRIPTION OF WELL & LEASE**

COPY

Form ACO-1

September 1999

Form Must be Typed

Operator License #: 8061
 Name: Oil Producers, Inc. of Kansas
 Address: P.O. Box 8647
 City/State/Zip: Wichita, Ks. 67208
 Purchaser: _____
 Operator Contact Person: Diana Richecky
 Phone: (316) 681-0231
 Contractor Name: company tools
 License: _____
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ 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: Cities Service in 1985 Oil Producers OWWO in 8/93
 Well Name: Dale A #2
 Original Comp. Date: 4/7/85 Original Total Depth: 5850
 _____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
 Plug Back _____ 5100 _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) Docket No. _____
 _____ 9/08/99 _____ 9/15/99 _____
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-033-20674 - 0002
 County: COMANCHE
C - SW - SW Sec. 26 Twp. 32 S. R. 18 East West
660 feet from (S) N (circle one) Line of Section
4470 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: DALE Well #: 2 OWWO
 Field Name: _____
 Producing Formation: ALTAMONT & PAWNEE
 Elevation: Ground: 2025 Kelly Bushing: 2032
 Total Depth: 5850 Plug Back Total Depth: 5100
 Amount of Surface Pipe Set and Cemented at original 570' Feet
 Multiple Stage Cement Collar Used? Yes No
 If Alternate Completion, cement circulated from _____
 depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan: OWWO 10-31-00
 (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.: _____

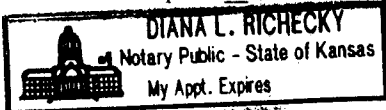
INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas Corporation Commission, 130 S. Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-120 and 82-3-107 apply. Information of side two of this form will 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 John S. Wiley
 Title: PRESIDENT Date: 10/11/2000
 Subscribed and sworn to before me this 11th day of October
 2000.
 _____ ary Public Diana L. Richecky
 Date Commission Expires: 1/12/2004

KCC Office Use ONLY

Letter of Confidentiality Attached
 _____ If Denied, Yes Date _____
 _____ Wireline Log Received
 _____ Geological Report Received
 _____ UIC Distribution



Operator Name Oil Producers, Inc. of Kansas Lease Name _____ Dale OWWO _____ Well # 2
 Sec. 26 Twp. 322 Rge. 18 County Comanche
 +++ East
 +++ 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 re space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No Log Formation (Top), Depth and Datums Sample
 (Attach Additional Sheets.)
 Name Top Datum
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E.Logs Run:

COPY

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 |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| Conductor | | 13 3/8 | | 88 | | 90 | |
| Surface | 12 1/4" | 8 5/8 | | 5705 | | 300 | |
| Production | | 4 1/2 | 10.5 | 5255 | 50 50poz | 125 | |

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
|---|------------------|----------------|-------------|----------------------------|
| <input checked="" type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input checked="" 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 |
|----------------|--|--|-------|
| | SEE ATTACHED INITIAL COMPLETION REPORT | | same |
| | ALTAMONT 4973-4985 | | |
| | PAWNEE 5016-5030 | | |

TUBING RECORD

| Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------|----------|-----------|-----------|--|
| 2 3/8" | 5067.90' | | | |

Date of First, Resumed Production, SWD or Inj.: _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

| Estimated Production 9/15/99 resume | Oil Bbbls. | Gas Mcf | Water BWPD | Gas-Oil Ratio | Gravity |
|-------------------------------------|------------|---------|------------|---------------|---------|
| | | | | | |

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Other (Specify) _____

RECEIVED see sheet _____
 STATE CORPORATION COMMISSION

OCT 12 2000

CONSERVATION DIVISION
 Wichita, Kansas