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

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Form ACO-1
September 1999
Form Must Be Typed

JUN 17 2003

KCC WICHITA

COPY

Operator: License # 8061
Name: Oil Producers, Inc. of Kansas
Address: P. O. Box 8647
City/State/Zip: Wichita, KS 67208-0647
Purchaser: NCRA, OneOK
Operator Contact Person: Diana Richecky
Phone: (316) 681-0231
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: William Shepherd

API No. 15 - 033-21287-0000
County: Comanche
C W2, W2 Sec. 22 Twp. 32 S. R. 19 East West
2640 feet from (S) N (circle one) Line of Section
4620 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Rich C Well #: 6
Field Name: Bird East

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation: Violet-Marm, Inn
Elevation: Ground: 1982' Kelly Bushing: 1993'
Total Depth: 5910' Plug Back Total Depth: 5316'
Amount of Surface Pipe Set and Cemented at 760' 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.

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening 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. _____

Drilling Fluid Management Plan *File 1 on 6-25-03*
(Data must be collected from the Reserve Pit)
Chloride content 99 ppm Fluid volume 1650 bbls
Dewatering method used hauled to SWD and reserve pit
Location of fluid disposal if hauled offsite: _____
Operator Name: See Attachment 1, Note 1
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

12/20/2001 01/09/2002 02/08/2002
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion 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 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.

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: PRESIDENT Date: 06/12/2003

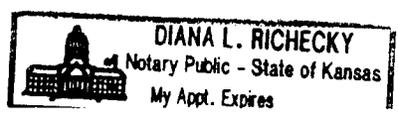
Subscribed and sworn to before me this 16TH day of JUNE, 2003.

Notary Public: [Signature]
Date Commission Expires: 01/12/2004

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution



Operator Name: Oil Producers, Inc. of Kansas Lease Name: Rich C Well #: 6
 Sec. 22 Twp. 32 S. R. 19 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum Name Top Datum Lansing 4432 -2439 Altamont 4962 -2969 Mississippi 5133 -3140 Cowley 5394 -3401 Viola 5819 -3826
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Cores Taken	Yes <input checked="" type="checkbox"/> No	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List All E. Logs Run: Geological Report, Sonic Log, Dual Induction Log, Micro Log, Dual Receiver Bond Log, Compensated Neutron/Density PE Log		

CASING RECORD <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
Conductor		13 3/8"		240'	See Note 2	140/110	See Note 2
Surface		8 5/8"	23	758'	See Note 3	150/125	See Note 3
Production		4 1/2"	10.5	5418'	See Note 4	175/35	See Note 4

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				See Initial Completion Report

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	See Initial Completion Report		

TUBING RECORD	Size 2 3/8"	Set At 5350.37'	Packer At	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enh r. 02/08/2002	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 170	Gas Mcf 200	Water Bbls.	Gas-Oil Ratio Gravity

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

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Attachment 1

Note 1:

Operator Name: _____ Oil Producers Inc. of Kansas _____
Lease Name: __Randy Unruh_____ License No. ____8061____
Quarter _____ Sec. __1__ Twp. _32_S. R. _19_ East West
County _____ Commanche _____ Docket No.: _____ n/a _____

Operator Name: _____ Star Resources _____
Lease Name: _____ Currier 2-9 _____ License No. ____32389____
Quarter __E/2__ Sec. __20__ Twp. _32_S. R. __18 East West
County _____ Commanche _____ Docket No.: ____D-27,668_____

Note 2:

Conductor A-Serv Lite 2% gel, 3%cc
60/40 Poz 2% gel, 3%cc

Note 3:

Surface A-con ¼ # celloflake, 3% cc
60/40 Poz 2% gel, 3% cc, ¼# celloflake

Note 4:

Production AA-2 10% salt, .5% FLA-322, .1%
60/40 Poz defoamer, .75% gas block, 7#
gilsonite