

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

**COPY**

Operator: License # 32429  
Name: CRAWFORD OIL & GAS, INC.  
Address: P. O. Box 51  
City/State/Zip: Coldwater, Kansas 67029  
Purchaser: ANR  
Operator Contact Person: \_\_\_\_\_  
Phone: (316) 582-2612  
Contractor: Name: DUKE DRILLING CO., INC.  
License: 5929

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: \_\_\_\_\_  
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. \_\_\_\_\_  
2-22-00 03-08-00 3-30-2000  
 Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 033-21052 0000

County: Comanche  
SW - SW-NE Sec. 30 Twp. 33 S. R. 18  East  West  
2310 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: 0. DEEWALL Well #: 1

Field Name: \_\_\_\_\_  
 Producing Formation: MISSISSIPPIAN  
 Elevation: Ground: 1948' Kelly Bushing: 1956'  
 Total Depth: 6100' Plug Back Total Depth: 5469'  
 Amount of Surface Pipe Set and Cemented at 665 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 2 feet depth to 5 w/ 12 sx cmt.

Drilling Fluid Management Plan ALT 1 9/2/00  
 (Data must be collected from the Reserve Pail)  
 Chloride content 12,400 ppm Fluid volume  500 bbls  
 Dewatering method used haul off  0  
 Location of fluid disposal if hauled offsite: 0 0  
 Operator Name: GORDON KEANE  
 Lease Name: HARMON License No.: 5993  
 Quarter NW Sec. 11 Twp. 33 S. R. 20  East  West  
 County: Comanche Docket No.: 22304

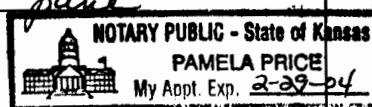
STRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Mark Penick  
 Title: Supt. Operations Date: 6-13-00

Subscribed and sworn to before me this 13 day of June, 2000.

Notary Public: Pamela Price  
 Date Commission Expires: Feb. 29, 2004



<b>KCC Office Use ONLY</b>	
<input type="checkbox"/> Letter of Confidentiality Attached <input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received <input type="checkbox"/> Geologist Report Received <input type="checkbox"/> UIC Distribution	

Operator Name: CRAWFORD OIL & GAS, INC. Lease Name: O. DEEWALL Well #: 1  
 Sec. 30 Twp. 33 S. R. 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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		
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: <b>HIGH RESOLUTION COMA NEUTRON</b>			

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	# Sacs Used	Type and Percent Additives
Conductor		20"		40'	10Sk Grout		
Surface	12-1/4"	8-5/8"	24#	665'	Lite 60/40 Poz.	190 130	3%cc, $\frac{1}{4}$ " Floseal
Production	7-7/8"	4-1/2"	10/5#	5534'	Common	120	10% Salt

## ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	

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
4 SPF	5344-50	1000 GAL 15% ACID	
4 SPF	5302-06	90 T. CO <sub>2</sub>	
4 SPF	5294-96	160 SX SAND	
4 SPF	5282-90	400 Bbl. H <sub>2</sub> O	
4 SPF	5270-74	↓	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2 3/8"		NA			

Date of First, Resumed Production, SWD or Enhr.	Producing Method	<input checked="" type="checkbox"/> Flowing	<input type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
WOPL					

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		300 Mcf			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	