

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

Operator: License # 9953

Name: Harris Oil and Gas Company

Address 1125 Seventeenth Street
Suite 2290

City/State/Zip Denver, CO 80202

Purchaser: N/A

Operator Contact Person: Doug Hoisington

Phone (303) 293-8838

Contractor: Name: Allen Drilling Company

License: 5418

Wellsite Geologist: Rich O'Donnell

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: N/A

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2/8/02 2/20/02 2/21/02
Spud Date Date Reached TD Completion Date

API NO. 15- 119-21077-00-00

County Meade

-W/2-W/2-NW Sec. 8 Twp. 33S Rge. 30 ^EW

1320 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Larimer Trust Well # 1-8

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 2744' KB 2758'

Total Depth 5778' PBSD 5778'

Amount of Surface Pipe Set and Cemented at 1574 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set N/A Feet

If Alternate II completion, cement circulated from N/A

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 1000 ppm Fluid volume 500 bbls

Dewatering method used Air Evaporation

Location of fluid disposal if hauled offsite:
N/A

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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 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 Operations Manager Date 3/4/02

Subscribed and sworn to before me this 4th day of March, 2002

Notary Public Sammy Lee-Herman

Date Commission Expires March 31, 2005

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name Harris Oil and Gas Company Lease Name Larimer Trust Well # 1-8

Sec. 8 Twp. 33S Rge. 30
 East
 West

County Meade

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)</p> <p>List All E.Logs Run: <u>CDL/CNL</u> <u>Sonic/MEL</u> <u>DIL</u></p>	<p><input type="checkbox"/> Log (Top), Depth and Datums <input checked="" type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>4372'</td> <td>-1614</td> </tr> <tr> <td>Lansing</td> <td>4505'</td> <td>-1747</td> </tr> <tr> <td>Marmaton</td> <td>5134'</td> <td>-2376</td> </tr> <tr> <td>Cherokee</td> <td>5316'</td> <td>-2558</td> </tr> <tr> <td>Morrow</td> <td>5634'</td> <td>-2876</td> </tr> <tr> <td>Mississippi</td> <td>5696'</td> <td>-2938</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	4372'	-1614	Lansing	4505'	-1747	Marmaton	5134'	-2376	Cherokee	5316'	-2558	Morrow	5634'	-2876	Mississippi	5696'	-2938
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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
Surface	12 1/4"	8 5/8"	24#	1574'	A-Con/ Common	500	3% CaCl & 1/4# Flocele
							2% gel, 3% CaCl 1/4# Flocele

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 Material Used) Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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

Production Interval: other (Specify) Dry and Abandoned