

COPY

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

Operator License: 31389

Name: Noble Petroleum, Inc.

Address: 3101 N Rock Road - Suite 125

City/State/Zip: Wichita, Kansas 67226

Purchaser: _____

Operator Contact Person: Jay Ablah

Phone (316) 636-2222

Contractor Name: Duke Drilling Co. Inc.

License: 5929

Wellsite Geologist: Gerald Honas

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ P8TD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____

10-28-98 11-15-98 11-15-98
Spud Date Date Reached TD Completion Date

API NO. 15- 191-22326 0000

County Sumner County, Kansas

NW - NW - SW - SE Sec. 14 Twp. 34 Rge. 1 XX ^E _W

1259 Feet from SN (circle one) Line of Section

2384 Feet from EW (circle one) Line of Section

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

Lease Name Mason Well # 1

Field Name Wildcat

Producing Formation SIMPSON

Elevation: Ground 1164' KB 1173'

Total Depth 4450' P8TD 4300'

Amount of Surface Pipe Set and Cemented at 255 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 ALT 1 6-21-99 JK
(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 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.

I, _____, certify that the 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 _____

Title President Date 12/10/98

Subscribed and sworn to before me this 10th day of December, 1998.

Notary Public Mari J. Rech

Date Commission Expires November 16, 1999

K.C.C. OFFICE USE ONLY					
F	<input type="checkbox"/>	Letter of Confidentiality Attached			
C	<input checked="" type="checkbox"/>	Wireline Log Received			
C	<input checked="" type="checkbox"/>	Geologist Report Received			
Distribution					
<input type="checkbox"/>	KCC	<input type="checkbox"/>	SWD/Rep	<input type="checkbox"/>	NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/>	Plug	<input type="checkbox"/>	Other
(Specify)					

RELEASED

Form ACO-1 (7-91)

MARI J. RECH
Notary Public - State of Kansas
My Appt. Expires 11-16-99

MAY 08 2001

FROM CONFIDENTIAL

Operator Name Noble Petroleum, Inc. Lease Name Mason Well # 1

Sec. 14 Twp. 34 Rge. 1 East West
 County Sumner County, Kansas

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.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

DUAL IND ENL/CAL SONIC

Name	Top	Datum
Stalnaker	2782	-1610
Layton	3187	-2015
K.C.	3308	-2136
Base K.C.	3454	-2282
Marmaton	3547	-2375
Miss.	3892	-2720
Kinderhook	4205	-3033
Simpson	4269	-3097
Arbuckle	4400	-3228
T.D.	4450	-3278

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
Surface	12-1/4"	8-5/8"	23#	255'	ClassA60/40	200	3%cc 2%gel
Production	7-7/8"	5-1/2"	15.5#	4441'	EA-2	190	3%halad9 10%salt

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
4	4276-4280		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2 7/8"	4300'		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
1-18-99								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	95				-0-			40

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) _____