

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

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 3040
Name: JACK EXPLORATION, INC.
Address: P.O. BOX 1279
City/State/Zip: SULPHUR, OK 73086
Purchaser: _____
Operator Contact Person: JAMES R. JACK
Phone: (580) 622-2310
Contractor: Name: DUKE DRILLING CO., INC.
License: 5929
Wellsite Geologist: _____

API No. 15 - 007-22109-00-01
County: BARBER CO., KS
C W /2 NE Sec. 10 Twp. 34 S. R. 13 East West
1320 feet from S / N (circle one) Line of Section
1680 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: DONOVAN OWWO Well #: 1-4
Field Name: WC

Producing Formation: DOUGLAS SAND
Elevation: Ground: 1660' Kelly Bushing: 1672'
Total Depth: 4269' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 522 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.

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/Re-entry: Old Well Info as follows:
Operator: AMERICAN ENERGIES CORPORATION

Well Name: DONOVAN A-1
Original Comp. Date: 1/1/66 Original Total Depth: 4840'
____ 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. _____

<u>2/27/03</u>	<u>2/28/03</u>	<u>3/22/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan All in 4-10-03
(Data must be collected from the Reserve Pit)
Chloride content 3 ppm Fluid volume 300 bbls
Dewatering method used HAUL OFF & DEHYDRATION
Location of fluid disposal if hauled offsite:
Operator Name: OIL PRODUCERS OF KANSAS
Lease Name: MAY 13-3 License No.: 8061
Quarter C NW Sec. 13 Twp. 35 S. R. 16 East West
County: COMANCHE Docket No.: 27,726

**RECEIVED
APR 07 2003
KCC WICHITA**

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: James R. Jack
Title: President Date: 4/1/2003
Subscribed and sworn to before me this 1st day of April,
2003.
Notary Public: Walter Harris
Date Commission Expires: 6-16-2005

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes Date: _____
Y Wireline Log Received
N Geologist Report Received
____ UIC Distribution

Operator Name: JACK EXPLORATION, INC. Lease Name: DONOVAN OWWO Well #: 1-4
 Sec. 10 Twp. 34 S. R. 13 East West County: BARBER CO., KS

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: INDUCTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input checked="" type="checkbox"/> Log</td> <td style="width:60%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td></td> <td>Name</td> <td>Top Datum</td> </tr> <tr> <td></td> <td>BS HEEBNER</td> <td>4592</td> </tr> <tr> <td></td> <td>DOUGLAS SAND</td> <td>4026</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample		Name	Top Datum		BS HEEBNER	4592		DOUGLAS SAND	4026
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	Name	Top Datum											
	BS HEEBNER	4592											
	DOUGLAS SAND	4026											

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
EXISTING SURF				522'			
PRODUCTION	7 7/8"	4 1/2"	11.6#	4190'	CLASS H	150	5#/sk kolseal
							1/4# floseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	4040-41	CLASS A	40	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4/FT	4025-4030		

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No
		2 3/8		4013			
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)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
		706,000	0		.6707		

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____