

BE TYPED

SIDE ONE

COPY *me*

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

API NO. 15- 007-02000
County BARBER
25E-SW-SE-SW Sec. 7 Twp. 34⁵ Rge. 15 EW

Operator: License # 5050
Name: HUMMON CORPORATION
Address 950 N. TYLER
City/State/Zip WICHITA, KS 67212
Purchaser: KANSAS GAS SUPPLY (KGS)
Operational Contact Person: KENT ROBERTS
Phone (316) 773-2300
Contractor: Name: _____
License: _____
Wellsite Geologist: _____
Design: Type of Completion
 New Well Re-Entry Workover
 Oil SMD SIO/W Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

_____ Feet from S/N (circle one) Line of Section
_____ Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name WELLS Well # 1-A Twin
Field Name _____
Producing Formation OSWEGO
Elevation: Ground 1586 KB 1589
Total Depth 4825 PBTD 4770
Amount of Surface Pipe Set and Cemented at _____ 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.

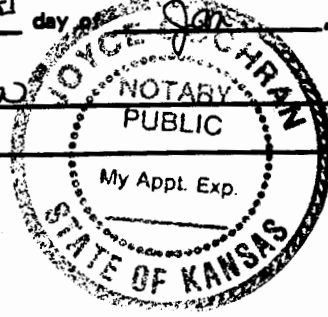
If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SMD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SMD or Inj?) Docket No. _____
Spud _____ Date Reached TD _____ Completion Date _____

Drilling Fluid Management Plan
(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. _____
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 Kent Roberts
Title LEASE OPERATIONS MANAGER Date 1/21/98
Subscribed and sworn to before me this 21st day of _____, 1998.
Notary Public Joyce Cochran
Date Commission Expires 4-10-99



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SMD/Rep NGPA
 KGS Plug Other (Specify) _____