

COPY

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

IND

API NO. 15- 175-20509-00-01

County SEWARD

NW-NE Sec. 13 Twp. 34S Rge. 32 X

660 Feet from N (circle one) Line of Section

1980 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 DAVIES Well # 1-13

Field Name BLUE BELL NW

Producing Formation NONE

Elevation: Ground 2726' KB 2735'

Total Depth 3350' PSTD 3301'

Amount of Surface Pipe Set and Cemented at 1520 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

_____ feet depth to _____ w/ _____ sx cnt.

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

Chloride content 8000 ppm Fluid volume 300 bbls

Dewatering method used EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 7457

Name: ELDER & VAUGHN, INC.

Address P. O. BOX 18938

City/State/Zip OKLA. CITY, OK 73154

Purchaser: _____

Operator Contact Person: JACK H. VAUGHN

Phone (405) 842-8877

Contractor: Name: CHEYENNE DRILLING, INC.

License: 5382

Wellsite Geologist: NONE

Designate Type of Completion
____ New Well X Re-Entry ____ Workover

____ Oil ____ SUD ____ SIGW ____ Temp. Adj.
____ Gas ____ ENHR ____ SIGW
X Dry ____ Other (Core, MSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: MUNEXCO

Well Name: DAVIES #1-13

Comp. Date 7/23/81 Old Total Depth 6450'

____ Deepening ____ Re-perf. ____ Conv. to Inj/SUD
____ Plug Back ____ PSTD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SUD or Inj?) ____ Docket No. ____

3/21/2001 3/22/2001 4/19/2001
Spud Date Date Reached TD Completion Date

CONSERVATION DIVISION

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 _____

Title Vice Pres Date 5/3/2001

Subscribed and sworn to before me this 3 day of May

Notary Public: Carolyn Darnley

Notary Commission Expires: 1-18-2002

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received

Distribution

____ KCC _____ SUD/Rep _____ NGPA
____ KGS _____ Plug _____ Other
(Specify)

Operator Name ELDER & VAUGHN, INC. Lease Name DAVIES Well # 1-13
 Sec. 13 Twp. 34S Rge. 32 East West
 County SEWARD

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:
 CASED HOLE GAMMA RAY - CEMENT BOND LOG

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

| 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 |
| PRODUCTION | 7-7/8" | 5-1/2" | 17 | 3328' | THIX-O-TROPIC | 225 | 10% SALT & 5# KOI-SEAL PER SACK |

| 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 | |
|----------------|---|----------------------------|--|----------|
| | 2 | 2696-2706' | ACIDIZE W/750 GALS.15% HCL | AS SHOWN |
| 2 | 2657-2663' | ACIDIZE W/500 GALS.15% HCL | AS SHOWN | |

TUBING RECORD Size NONE Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Specify) _____

Estimated Production Per 24 Hours Oil DRY HOLE 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 Other (Specify) _____

