

COPY

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

Operator: License # 4197

Name: DUNNE OIL CO.

Address 100 S. MAIN ST.

SUITE 410

City/State/Zip WICHITA, KS 67202

Purchaser: _____

Operator Contact Person: STEVE DUNNE

Phone (316) 267-3448

Contractor: Name: Murfin Drilling Company, Inc.

License: 30606

Wellsite Geologist: PAT DEENLHAN

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

06/12/96 06/19/96 06/19/96
Spud Date Date Reached TD Completion Date

API NO. 15- 065-227710000

County GRAHAM

S/2S/2-NW Sec. 31 Twp. 7S Rge. 24 X W ^E

2970 Feet from S (circle one) Line of Section

3960 Feet from W (circle one) Line of Section

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

Lease Name CUMMINGS Well # 4-31

Field Name Dripping Springs NE

Producing Formation Kansas City

Elevation: Ground 2465' KB 2470

Total Depth 4020' PBDT _____

Amount of Surface Pipe Set and Cemented at 240 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2220 Feet

If Alternate II completion, cement circulated from 2220
feet depth to Surface w/ 400 sx cmt.

Drilling Fluid Management Plan ALT 2 JH 1-7-97
(Data must be collected from the Reserve Pit)

Chloride content 550 ppm Fluid volume 1,285 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. _____

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 President Date 7/16/96

Subscribed and sworn to before me this 16 day of July 1996

Notary Public Nancy G. Thelman

Date Commission Expires 2-7-98



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)
106

Operator name DUNNE OIL CO.

Lease Name CUMMINGS Well # 4-31

Sec. 31 Twp. 7S Rge. 24

East

County GRAHAM

West

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>2166</td> <td>+304</td> </tr> <tr> <td>Heebner</td> <td>3718</td> <td>-1248</td> </tr> <tr> <td>Lansing</td> <td>3753</td> <td>-1283</td> </tr> <tr> <td>BKC</td> <td>3968</td> <td>-1498</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	2166	+304	Heebner	3718	-1248	Lansing	3753	-1283	BKC	3968	-1498
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Anhydrite	2166	+304																
Heebner	3718	-1248																
Lansing	3753	-1283																
BKC	3968	-1498																
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 (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																
List All E.Logs Run:	Compensated Density, Neutron, Dual Induction																	

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"	14 ^e	4019'	AFC	125	
Surface	12 1/4"	8 5/8"	20 ^b	249'	60/40 Poz	175	3% gel, 2% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose: _ Perforate _ Protect Csg _ Plug Back TD _ Plug Off Zone	Depth Top/Btm	Type of Cement	# Sacks Used	Type and Percent Additives

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
3	3919-3922	250 gals Mud Acid	
3	3881-3886	250 gals Mud Acid	

TUBING RECORD			Size <u>2 3/8"</u>	Set At <u>3963</u>	Packer At	Liner Run <u>Yes</u> <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u>7/03/96</u>			Producing Method <u>Flowing</u> <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other			
Estimated Production Per 24 Hours	Oil <u>40</u>	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) _____

Production Interval _____