

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

Operator: License # 30076
Name: A & A PRODUCTION
Address: PO BOX 100
City/State/Zip: HILL CITY KS 67642
Purchaser: _____
Operator Contact Person: ANDY ANDERSON
Phone: (785) 421-6266
Contractor: Name: A & A PRODUCTION
Name: 30076
Wellsite Geologist: RON NELSON

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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
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. _____
Spud Date or Recompletion Date 2-17-01 Date Reached TD 2-25-01 Completion Date or Recompletion Date 2-25-01

API No. 15 - 065-22814-0000
County: GRAHAM

- NW - NW - SW Sec. 24 Twp. 9 S. R. 24 East West
2310 feet from S N (circle one) Line of Section
350 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: COLLEGE Well #: C-1

Field Name: GLEN DALE SE

Producing Formation: _____

Elevation: Ground: 2477 Kelly Bushing: _____

Total Depth: 4080 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 224 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

(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: _____

License Name: _____ License No.: _____

Quarter: _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

STRUCTIONS: 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: Rita A. Anderson

Title: Operator Date: 3-9-01

Subscribed and sworn to before me this 9th day of March,

2001

Notary Public: Rita A. Anderson

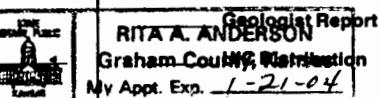
Date Commission Expires: January 21, 2004

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received



Geologist Report Received

Operator Name: A & A PRODUCTION Lease Name: COLLEGE Well #: C-1
 Sec. 24 Twp. 9 S. R. 24 East West County: GRAHAM

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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Top Anhydrite	2123 + 360
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Anhydrite	2158 + 325
List All E. Logs Run:	none	Neva	3120 - 637
		Topeka	3566 -1083
		Heebner	3779 -1296
		Toronto	3803 -1320
		L KC	3819 -1336
		B KC	4050 -1567

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	# Sacs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	20	224	60/40 POZ Mix	145	3% CC 2% Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	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

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.		Producing Method					
		<input 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
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Disposition of Gas METHOD OF COMPLETION Production Interval

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