

ORIGINAL
SIDE ONE

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

API NO. 15- 153-20,761 -00-00

County Rawlins

NW SE SE Sec. 20 Twp. 1S Rge. 33W East West
990 Ft. North from Southeast Corner of Section

990 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

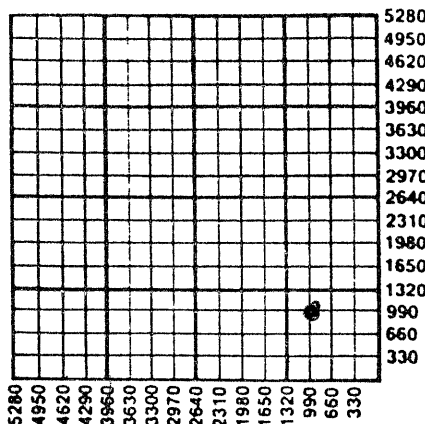
Lease Name Vap Well # 4

Field Name Vap

Producing Formation LKC

Elevation: Ground 3004 KB 3011

Total Depth 4185 PBDT



AIT DWA

Amount of Surface Pipe Set and Cemented at 277 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.

Operator: License # 9325

Name: Allied Oil Company, Inc.

Address Rt 2, Box 45A

City/State/Zip Taneyville, Mo. 65759

Purchaser: ---

Operator Contact Person: Roy Grant

Phone (417) 546-5885

Contractor: Name: Golden Eagle Drilling

License: 8682

Wellsite Geologist: Mike Bair

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If ~~OWO~~ old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

10-10-90 10-18-90 10-18-90

Spud Date Date Reached TD Completion Date

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Roy A. Grant

Title President Date 11-10-90

Subscribed and sworn to before me this 13th day of November, 19 90.

Notary Public Arlene Taylor

Date Commission Expires July 26, 1991

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

ARLENE TAYLOR Notary Public
Taney County State of Missouri
My Commission Expires July 26, 1991

PI

SIDE TWO

Operator Name Allied Oil Company, Inc. Lease Name Vap Well # 4
 Sec. 20 Twp. 1S Rge. 33 East West
 County _____

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) 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 (Submit Copy.) DST #1 3920-66 45-45-45-45 SIP 1174-1125 FP 30-60/81-101 40' oil, 40' OCM, 60' OCWM 60' water DST #2 4019-70 45-45-45-45 SIP677-647 FP 50-50/50-50 55'M w/scum of oil DST#3 4117-61 45-45-30-30 SIP 162-60 FP 25-25/25-25 15' Mud w/few oil spots	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Formation Description</th> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/> Log</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Sample</td> </tr> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> <tr> <td>Anhy</td> <td style="text-align: center;">2847</td> <td style="text-align: center;">2886</td> </tr> <tr> <td>Oread</td> <td style="text-align: center;">3818</td> <td></td> </tr> <tr> <td>Lansing</td> <td style="text-align: center;">3958</td> <td></td> </tr> <tr> <td>TD</td> <td style="text-align: center;">4185</td> <td></td> </tr> </table>	Formation Description				<input type="checkbox"/> Log	<input checked="" type="checkbox"/> Sample	Name	Top	Bottom	Anhy	2847	2886	Oread	3818		Lansing	3958		TD	4185	
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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	
Surface	12 1/2	8 5/8	20	277	60-40POZ	205	3%CC, 2%Gel	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record				
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth				
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Size	Set At	Packer At					
Date of First Production	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

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____

NOV 15 1990

CONSERVATION DIVISION
Wichita, Kansas 11-15-90

HALLIBURTON SERVICES

REMIT TO:

P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

A Halliburton Company

INVOICE NO.	DATE
904223	10/18/1990

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER	
VAP 4		RAWLINS		KS	ALLIED OIL COMPANY	
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE	
OBERLIN		GOLDEN EAGLE #3	PLUG TO ABANDON		10/18/1990	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.	
014110	LARRY DICKIE			COMPANY TRUCK	03637	

DIRECT CORRESPONDENCE TO:

ALLIED OIL CO. INC.
ROUTE 2, BOX 45A
TANEYVILLE, MO 65759

SUITE 1300
LIBERTY TOWER
100 BROADWAY AVENUE
OKLAHOMA CITY, OK 73102-0000

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE	40	MI	2.35	94.00 *
		1	UNT		
090-910	MISCELLANEOUS PUMPING JOB	1	TRK	370.00	370.00 *
030-503	CMTG PLUG LA-11, CP-1, CP-3, TOP	8 5/8	IN	59.00	59.00
		1	EA		
090-926	MISCELLANEOUS PUMP JOB-ADD HRS	4	HR	84.00	336.00 *
		1	TRK		
504-308	STANDARD CEMENT	120	SK	6.75	810.00 *
506-105	POZMIX A	80	SK	3.50	280.00 *
506-121	HALLIBURTON-GEL 2%	2	SK	.00	N/C *
507-277	HALLIBURTON-GEL ADDED 4%	6	SK	13.75	82.50 *
507-210	FLOCELE	50	LB	1.30	65.00 *
500-207	BULK SERVICE CHARGE	212	CFT	1.10	233.20 *
500-306	MILEAGE CMTG MAT DEL OR RETURN	305	TMI	.75	228.75 *
INVOICE SUBTOTAL					2,603.45
DISCOUNT - (BID)					390.51
INVOICE BID AMOUNT					2,212.94
* - KANSAS STATE SALES TAX					91.93
* - DECATUR COUNTY SALES TAX					21.64
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$2,326.51

Handwritten notes:
11-12-90
2257
2257

RECEIVED
STATE COMMISSION
NOV 15 1990
LITCHFORD DIVISION
Wichita, Kansas