

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- 039-01,000-00-01

County Decatur

NE NE NE Sec. 14 Twp. 3S Rge. 27 X East West

4950 Ft. North from Southeast Corner of Section

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

Lease Name Bailey "OWWO" Well # 1-14

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 2659' KB _____

Total Depth 1265' PBTD N/A

Operator: License # 5255

Name: McGinness Oil Company

Address 1026 Union Center Bldg.

City/State/Zip Wichita, KS 67202

Purchaser: N/A

Operator Contact Person: Doug McGinness

Phone (316) 267-6065

Contractor: Name: Western Kansas Drilling

License: 4083

Wellsite Geologist: Doug McGinness

Designate Type of Completion
 New Well X Re-Entry Workover

 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
X Dry Other (Core, Water Supply, etc.)

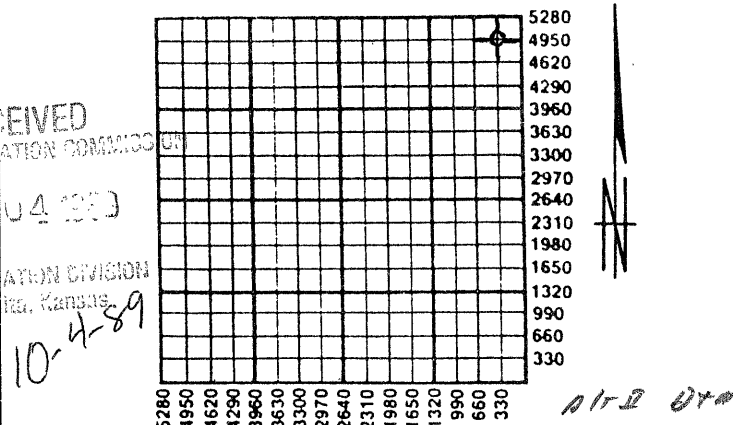
If OWMO: old well info as follows:
Operator: Helmerich & Payne

Well Name: #1 Bailey

Comp. Date 4426-46 Old Total Depth 4177'

Drilling Method:
X Mud Rotary Air Rotary Cable

07-29-89 07-30-89 07-30-89
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 157' Feet
(set in 1946)

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 cmt.

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.

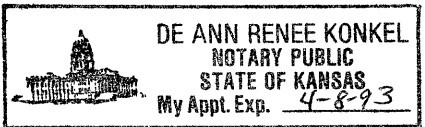
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Doug McGinness
Title President Date 09-21-89

Subscribed and sworn to before me this 21 day of September,
19 89.

Notary Public DeAnn Renee Konkol

Date Commission Expires April 8, 1993



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
X KCC SWD/Rep NGPA
X KGS Plug Other
(Specify)
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SIDE TWO

Operator Name McGinness Oil Company Lease Name Bailey "OWWO" Well # 1-14
 Sec. 14 Twp. 3S Rge. 27 East County Decatur
 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

Formation Description

Log Sample

Name Top Bottom

No tops called - well was an OWWO.

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	# Sacks Used	Type and Percent Additives
Surface was	set by	the previous	operator	in 1946.			
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							
	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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 Conmingled Other (Specify) _____

Production Interval _____