

ORIGINAL

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- 023-20,282 ⁷⁰⁰⁻⁰⁰

County Cheyenne

SE NW NE Sec. 1 Twp. 3S Rge. 38W XX East West

4290' Ft. North from Southeast Corner of Section

1650' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

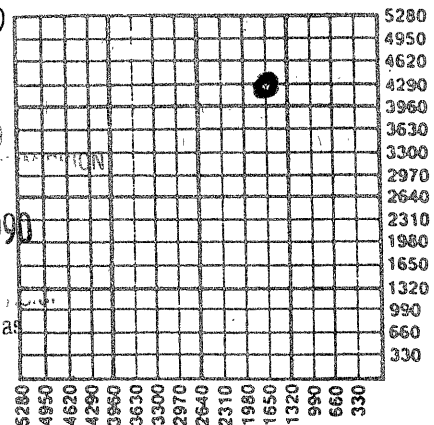
Lease Name Burr Well # 1-D

Field Name Wildcat

Producing Formation _____

Elevation: Ground 3400' KB 3405'

Total Depth 4910' (driller) PBTD _____



7-19-90
RECEIVED
JUL 19 1990

Operator: License # 8793

Name: Jim Dillie

Address 4469 S. Winona Court

City/State/Zip Denver, CO 80236

Purchaser: _____

Operator Contact Person: Jim Dillie

Phone (303) 797-3967

Contractor: Name: Murfin Drilling Company

License: 6033

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp

Dry Other (Core, Water Supply, etc.)

If **OWMO**: old well info as follows:
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

06-05-90 06-12-90 06-12-90
Spud Date Date Reached TD Completion Date

Amount of Surface Pipe Set and Cemented at 365 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.

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 [Signature]

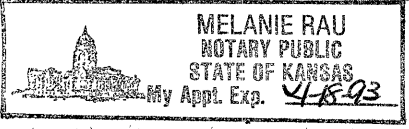
Title Jack E. Goss, Agent for Operator Date 6-29-90

Subscribed and sworn to before me this 29th day of June, 19 90.

Notary Public Melanie Rau
Melanie Rau

Date Commission Expires 4-18-93

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)



SIDE TWO

Operator Name Jim Dillie Lease Name Burr Well # 1-D
 Sec. 1 Twp. 3S Rge. 38W East West
 County Cheyenne

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.)

DST #1 4486-4586 L-KC "E" zone
 Times: 30-60-30-60
 Rec. 135' OCM, IFP 50-71 FFP 81-91
 IHP 2247 FHP 2207 ISIP 1382 FSIP
 1323 BHT 122

Formation Description		
Name	Top	Bottom
Topeka	4130'	
L-KC	4349'	
Pawnee	4708'	
Ft Scott	4762'	
XXXXXXXX		
Cherokee	4787'	

Log Sample

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 1/4"	8-5/8"		365	60/40 Poz	210	6% gel, 3% cc
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 _____