

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

ORIGINAL

Operator: License # 30970

Name: Golden Oil Company

Address P.O. Box 861

City/State/Zip Hays, Kansas 67601

Purchaser: _____

Operator Contact Person: Ron Geist

Phone (913) 628-1099

Contractor: Name: Discovery Drilling, Inc.

License: 31548

Wellsite Geologist: None

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: Strata Search Petroleum Corp.

Well Name: Law # 1

Comp. Date 4/17/76 Old Total Depth 3840

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

6/16/97 6/17/97 6/18/97
Spud Date of Re-entry Date Reached TD Completion Date

API NO. 15- 065-20823 0001

County Graham

-SW - SW - SE Sec. 36 Twp. 6S Rge. 23W X

330 Feet from S (circle one) Line of Section

2310 Feet from E (circle one) Line of Section

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

Lease Name Law (OWWO) Well # 1

Field Name Mount Vernon

Producing Formation _____ NONE

Elevation: Ground 2381 KB 2389

Total Depth 3841 PBTB _____

Amount of Surface Pipe Set and Cemented at 253 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1980 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D+H, 5-13-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 4,200 ppm Fluid volume 1500 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.

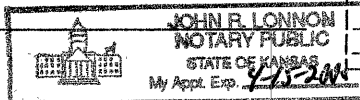
Signature Ronald F. Geist

Title Pres Date 11/19/97

Subscribed and sworn to before me this 19 day of NOV, 19 97.

Notary Public John R. Brown

Date Commission Expires 4-15-2004



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)

Form ACO-1 (7-91) 2-4-98

Operator Name GOLDEN OIL COMPANY Lease Name Law (WVO) Well # 1

Sec. 36 Twp. 6S Rge. 23W 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. Did not log this well.

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.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E.Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" 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 St.	7 7/8	4 1/2	9.5 & 10.5	3827	ASC	150	10% Salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
N/A		N/A		
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
10	Lansing 3635' to 3640'	250 GAL MCA	3635' to 3640'
8	Lansing 3646' to 3650'	250 GAL MCA	3646' to 3650'

TUBING RECORD Size N/A Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. N/A Producing Method Flowing Pumping Gas Lift Other (Explain) N/A

Estimated Production Per 24 Hours N/A Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas: N/A METHOD OF COMPLETION N/A Production Interval _____
 Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____