

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32704
Name: GAS TRANSMISSION ORGANIZATION, INC.
Address: 3838 OAK LAWN AVE., SUITE 910
City/State/Zip: DALLAS, TX 75219
Purchaser: _____
Operator Contact Person: DANNY W. LOONEY
Phone: (214) 526-6644
Contractor: Name: McPHERSON DRILLING
License: #5495
Wellsite Geologist: JIM CRAIG

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Exp. 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. _____

8/12/01 8/14/01 7/18/02
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 035-24141-0000
County: COWLEY
SE - SW4 - Sec. 13 Twp. 33 S. R. 4 East West
500 feet from N (circle one) Line of Section
3300 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: BORN Well #: 4

Field Name: _____
Producing Formation: ADMIRE
Elevation: Ground: 1255 Kelly Bushing: _____
Total Depth: 780' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 61 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 AIR RIG
(Data must be collected from the Reserve Pit) ALT IE W/HM 10-9-06
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used Evaporate & Back Fill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

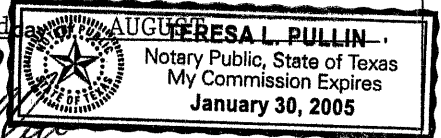
RECEIVED
KANSAS CORPORATION COMMISSION
AUG 27 2002
CONSERVATION DIVISION
WICHITA, KS

INSTRUCTIONS: 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.

DANNY W. LOONEY
Signature: _____
Title: AGENT Date: 8/23/02

Subscribed and sworn to before me this 23rd day of AUGUST, 2002.
Notary Public: _____
Date Commission Expires: JANUARY 30, 2005



KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: GAS TRANSMISSION ORGANIZATION, Inc. Lease Name: BORN Well #: 4
 Sec. 13 Twp. 33 S. R. 4 East West County: COWLEY

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: No open hole logs run. Only cased hole Gamma Ray Neutron logs run.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Red Eagle Lime</td> <td>DEPTH 475</td> <td>SUB-SEA +780</td> </tr> <tr> <td>Fall City Lime</td> <td>685</td> <td>+570</td> </tr> <tr> <td>Admire Sand</td> <td>707</td> <td>-548</td> </tr> </table>	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Red Eagle Lime	DEPTH 475	SUB-SEA +780	Fall City Lime	685	+570	Admire Sand	707	-548
<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample														
Name	Top	Datum														
Red Eagle Lime	DEPTH 475	SUB-SEA +780														
Fall City Lime	685	+570														
Admire Sand	707	-548														

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	8 3/4"	7"	23#	61'	Class A	40 sks	3% CaCl2
PRODUCTION	6 1/4"	4 1/2"	9.5#	780'	Class A	70 sks	1/4# Floseal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2 s/f	706 - 716'	300 gals Hydrochloric Acid	706'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 8/8/02		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 5/MCF	Water Bbls. 0	Gas-Oil Ratio	Gravity

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
Production Interval	