

FORM MUST BE TYPED

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

Operator: License 8061

Name: OIL PRODUCERS, INC. OF KANSAS

Address P.O. BOX 8647

City/State/Zip WICHITA, KANSAS 67208

Purchaser: NA

Operator Contact Person: DIANA RICHECKY

Phone (316) 681-0231

Contractor: Name: Mallard JV, Inc.

License: 4958

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: Lee Phillips Oil Co.

Well Name: Allton #1

Comp. Date 5/29/77 Old Total Depth 4476

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4466 PBTB
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

06/01/99 6/04/99 9/4/99
Spud Date Date Reached TD Completion Date

Re-Entry

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market #2078, Wichita, Kansas 67202, within 120 days of the spud date, re-completion, 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 *John S. Weir* John S. Weir

Title President Date 10/18/99

Subscribed and sworn to before me this 18th of Oct, 1999.

Notary Public *Diana L. Richecky*

Date Commission Expires Jan 12, 2000



SIDE ONE

API NO. 15- 077-21223 20422-0001 **COPY**

County HARPER

- C - SE - SE Sec. 22 Twp. 33 Rge. 6 E W

660 Feet from (S)N (circle one) Line of Section

660 Feet from (E)W (circle one) Line of Section

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

Lease Name ALLTON B Well # 1 OWWO

Field Name STOHRVILLE

Producing Formation Mississippi DOLOMITE

Elevation: Ground 1310 KB 1315

Total Depth 4576 PBTB 4491 4466

Amount of Surface Pipe Set and Cemented already set @ 278

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 Re-Entry, 10-26-99 U.C.
(Data must be collected from the Reserve Pit)

5120 ppm Fluid volume 160 bbls

Dewatering method used: Evaporation and restore site to normal

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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) _____
Jim

Form ACO-1 (7-91)

RECEIVED
STATE CORPORATION COMMISSION

OCT 19 1999
10-19-99
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

Operator Name Oil Producers, Inc. of Kansas **SIDE TWO** Lease Name ALLTON B Well # 1 OWWO

Sec. 22 Twp. 33S Rge. 6 East West

County Harper

COPY

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)
 List All E.Logs Run: Compensated Density Neutron log
 Dual Induction log, Dual Receiver
 Cement Bond Log, sonic Log

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

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
SURFACE	12 1/4	8 5/8"		278		175	
PRODUCTION		5 1/2"	14#	4574	AA-2	100	
					60-40 Poz	35	

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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
4	4469-4471' CIBP @ 4466	SEE ATTACHED INITIAL COMPLETION REPORT	same
2	4443-4445'		
2	4424-4434'		
2	4415-4418'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8"	4437.81			

Date of First, Resumed Production, SWD or Inj.	Producing Method		Flowing Pumping Gas Lift Other (Explain)			Gravity	
9/05/99	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio
	8						

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

RECEIVED
 STATE DEPARTMENT OF REVENUE
 OCT 5 1999
 WYANDOTT, KANSAS