

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

Operator: License # 5011

Name: Viking Resources, Inc.

Address: 105 S. Broadway, Ste 1040

City/State/Zip: Wichita, KS 67202-4224

Purchaser: Equiva

Operator Contact Person: Shawn Devlin

Phone: (316) 262-2502

Contractor: Name: Murfin Drilling Co

License: 30606

Wellsite Geologist: Bill Petersen

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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD

\_\_\_\_\_ Plug Back \_\_\_\_\_ PBTD

\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

\_\_\_\_\_ Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

10/15/1999 10/19/1999 12/03/1999  
Spud Date Date reached TD Completion Date

API NO. 15- 147-20594-0020

County Phillips

SW NW SE \_\_\_\_\_ Sec 22 Twp 3 Rge 19 X E W

1650 Feet from  S  N (circle one) Line of Section

2310 Feet from  E  W (circle one) Line of Section

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

Lease Name Boethin Well # 2

Field Name Stuttgart

Producing Formation LKC

Elevation: Ground 2102 KB 2107

Total Depth 3525 PBTD 3525

Amount of Surface Pipe Set and Cemented at 219 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 1643 Feet

If Alternate II completion, cement circulated from see attached

feet depth to see attached w/ see attached sx cmt

Drilling Fluid Management Plan APP. 2, 4-24-00  
(Data must be collected from the Reserve Pit) OK'd per Dist. 4-00

Chloride Content 2600 ppm Fluid volume 500 bbls

Dewatering method used Evaporate

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, 130 S. Market, 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 Shawn Devlin

Title Vice President Date 04/12/2000

Subscribed and sworn to before me this 12 day of April

19 2000

Notary Public Gayle Nye

Date Commission Expires \_\_\_\_\_ Gayle Nye

GAYLE NYE  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 6-8-03

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) \_\_\_\_\_

SIDE TWO

Operator Name Viking Resources, Inc. Lease Name Boethin Well # 2

Sec 22 Twp 35 Rge 19  East County Phillips  
 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 sheets if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1660	447
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base Anhydrite	1677	430
List All E. Logs Run: Radiation Guard Gamma Ray Cement Bond		Topeka	3042	-935
		Heebner	3239	-1132
		Toronto	3264	-1157
		LKC	3281	-1174
		BKC	3503	-1396

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	20#	219	60/40 poz	150	2% gel, 3% cc
Production	7 7/8	4 1/2	10.5#	3526	ASC	185	10% salt, 5% gilsonite, 2% gel
<i>Port Collar</i>				<i>1643</i>	<i>60/40 poz</i>	<i>225</i>	<i>1/4 # Flo-seal</i>

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				See attach
<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	3436-44		1500 gal 28% NE	
4	3372-76		1500 gal 28% NE	
4	3316-20		1000 gal 28% NE	
			see attach	

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>3300</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj		Producing Method			
<u>12/14/1999</u>		<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
Estimated Production Oil Per 24 Hours	<u>5</u>	Bbls	Gas Mcf	<u>35</u>	Water Bbls
		Gas-Oil Ratio		Gravity <u>35</u>	

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp <input type="checkbox"/> Commingled	<u>3436-44</u>
	<input type="checkbox"/> Other (Specify) _____	<u>3372-76</u>