

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 # 5011

Name: Viking Resources, Inc.

Address: 105 S. Broadway, Ste 1040

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

Purchaser: Twister Gas Services, L.L.C. (gas) / EOTT (oil)

Operator Contact Person: Shawn Devlin

Phone: (316) 262-2502

Contractor: Name: _____

License: _____

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/Re-Entry: old well info as follows:

Operator: (Viking Resources, Inc.) Donald Slawson

Well Name: (Clawson 1-19) SANDERS 1-19

Comp. Date 05/29/98 Old Total Depth 5700

____ Deepening Re-perf. _____ Conv. to Inj/SWD

____ Plug Back _____ PBSD

____ Commingled _____ Docket No. _____

____ Dual Completion _____ Docket No. _____

____ Other (SWD or Inj?) _____ Docket No. _____

8P Spud Date 5-4-98 Date reached TD 5-7-98 Completion Date 10/16/98

API NO. 15- 15-119-20759001-0002

County Meade

NW NW SE _____ Sec 19 Twp 32s Rge 28 XW

2475 Feet from S /N (circle one) Line of Section

2475 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 Clawson Well # 1-19

Field Name New Pool

Producing Formation Chester/KC Swope

Elevation: Ground 2550 KB 2555

Total Depth 5700 PBSD _____

Amount of Surface Pipe Set and Cemented at 1572 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 ALT I WITH 1-22-97
(Data must be collected from the Reserve Pit)

Chloride Content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled off site _____

Operator Name _____

Lease Name _____

____ 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.

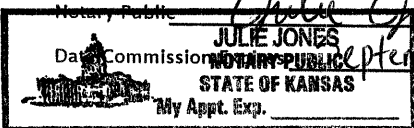
Signature Shawn Devlin

Title Vice President Date 1/5/99

Subscribed and sworn to before me this 5 day of January

19 99

Notary Public Julie Jones



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)

SIDE TWO

Operator Name Viking Resources, Inc.

Lease Name Clawson

Well # 1-19

Sec 19 Twp 32s Rge 28

East

County Meade

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 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:
Radiation Guard

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

CASING RECORD

New 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		1574			
Production	7 7/8	5 1/2	14 & 15.5#	5668	ASC	200	

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 (Amount and Kind of Material Used)	Depth
2	5575-5595	2000 gal 15% MCA	5575-5595
		20000 gal 20% w/25000 gelled wate	5575-5595
4	4898-4901		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		none			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, (Resumed) Production, SWD or Inj	Producing Method				
10/16/98	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Oil Per 24 Hours	Bbls	Gas	Mcf	Water	Bbls
14		5100		15	
					Gas-Oil Ratio Gravity
					42

Disposition of Gas

Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp Commingled
 Other (Specify) _____

Production Interval

5575-5595

4898-4901