

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

10010-00-01

Operator: License # 06230
Name: First National Oil Co., Inc.
Address: 150 Plaza Drive Suite B-3
City/State/Zip: Liberal, KS. 67901
Purchaser: _____
Operator Contact Person: Bill Carlisle
Phone: (316) 624-1664
Contractor: Name: Gonzalas Well Service
License: 31985
Wellsite Geologist: _____

MAY 4 2000
RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil XX SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Anadarko
Well Name: Keller B-1

Original Comp. Date: 06-22-64 Original Total Depth: 6033

____ Deepening ____ Re-perf. XX Conv. to Enhr. (SWD)
____ Plug Back 1045' Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

<u>04-20-2000</u>	<u>04-22-2000</u>	<u>04-24-2000</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 175-100-10-0001
County: Seward

SE NE SW Sec. 24 Twp. 33 S. R. 32 East West
1980 2005 feet from (S) / N (circle one) Line of Section
2357 2973 feet from (E) / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
KCC GPS
(circle one) NE (SE) NW (SW)

Lease Name: Keller Well #: B-1

Field Name: N/A
Producing Formation: _____

Elevation: Ground: 2612 Kelly Bushing: _____
Total Depth: 1045 Plug Back Total Depth: 1045

Amount of Surface Pipe Set and Cemented at 1440 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: OWWO KGR 7/10/07
(Data must be collected from the Reserve Pit) SWD

Chloride content 10,000 ppm Fluid volume 20 bbls
Dewatering method used Pump in well

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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. NONE

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: Bill Carlisle

Title: District Supervisor Date: 05-01-2000

Subscribed and sworn to before me this 1st day of May

20 2000

Notary Public: Kandace Wedgeworth

Date Commission Expires: 5-18-2001



KCC Office Use ONLY

____ Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

ORIGINAL

Side Two

Operator Name: First National Oil Co., Lease Name: Keller Well #: B-1
Sec. 24 Twp. 33 S. R. 32 East West County: Seward

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	RECEIVED OCT 11 1960 10:00 AM 5000	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No		Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		<u>Kedar Hills</u>	<u>906</u>	<u>2612'</u>
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
List All E. Logs Run:	<u>Gamma Ray / Bond</u>				

CASING RECORD <input 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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	24	1440	H	800	2 % CC

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	NONE			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
4	906-26	1500 gallons 15% HCL	906
	solid plug at 1045 ft.		

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>880</u>	Packer At <u>880</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production <u>(SWD)</u> or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____