

ORIGINAL

SIDE ONE

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

Operator: License # 5228

Name: Parrish Corporation

Address 100 S. Market, #200

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Lloyd K. Parrish, Jr.

Phone (316) 263-8726

Contractor: Name: Abercrombie Drilling, Inc.

License: 5422

Wellsite Geologist: Dick Roby

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: N/A

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

Spud Date 9-3-90 Date Reached TD 9-8-90 Completion Date _____

API NO. 15- 179-20,970-00-00

County Sheridan

C S/2 SW Sec. 29 Twp. 8S Rge. 26 East West
660' Ft. North from Southeast Corner of Section

3960' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

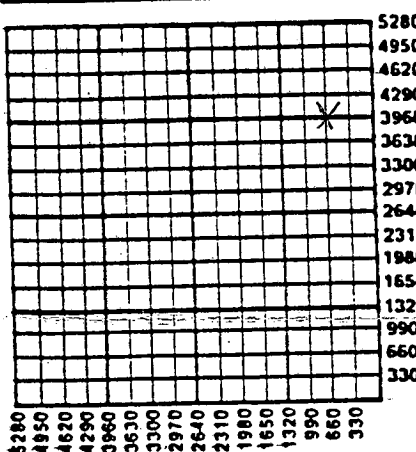
Lease Name Pratt Well # 1

Field Name Overlook

Producing Formation Lansing

Elevation: Ground 2611 KB 2616

Total Depth 4000' PBTD _____



A/I DPA

Amount of Surface Pipe Set and Cemented at 259' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Lloyd K Parrish
Title President
Date 10-8-90

OCT 11 1990
10-11-1990
CONFIDENTIAL DIVISION
STATE OF KANSAS

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
 Drillers Timelog Received

Subscribed and sworn to before me this 8th day of October, 1990.

Notary Public Debora R. Haddock
Date Commission Expires April 24, 1993

DEBORA R. HADDOCK
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. Apr. 24, 1993

Distribution
 KCC
 GGS
 SWD/Rep
 Plug
 NGPA
 Other (Specify)

SIDE TWO

Operator Name Parrish Corp. Lease Name Pratt Well # 1
 Sec. 29 Twp. 8S Rge. 26 East County Sheridan
 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 sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.)	Formation Description <input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample Attached
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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#	259'	60-40pozmix	180'	2%gel 3%cc
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
TUBING RECORD							
Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of First Production	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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____