

**KANSAS CORPORATION COMMISSION
Oil & Gas Conservation Division
WELL COMPLETION FORM
WELL HISTORY- DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must be Typed

COPY ORIGINAL

Operator License #: 8061
 Name: Oil Producers, Inc. of Kansas
 Address: P.O. Box 8647
 City/State/Zip: Wichita, Ks. 67208
 Purchaser: _____
 Operator Contact Person: Diana Richecky
 Phone: (316) -681-0231
 Contractor Name: Val Energy, Inc. Lease Name: _____
 License: 5822
 Wellsite Geologist: William H. Shepherd
 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: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
02/02/2001 02/11/2001 NA
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 081-21,374-00-00
 County: HASKELL
NE - NW - NE Sec. 8 Twp. 30 S. R. 33 East West
4950 feet from (S) N (circle one) Line of Section
1650 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Field Name: VICTORY
 Producing Formation: NA
 Elevation: Ground: 2965 Kelly Bushing: 2970
 Total Depth: 5550 Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 1850 Feet
 Multiple Stage Cement Collar Used? Yes No
 If yes, show depth set _____
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.
AH1 - JAH - 11/15/02
Drilling Fluid Management Plan:
 (Data must be collected from the Reserve Pit)
 Chloride content 4620 ppm. Fluid volume 110 bbls.
 Dewatering method used evaporation, dry area and restore
 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 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 82-3-120 and 82-3-107 apply. Information of side two of this form will 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: [Signature]
 Title: President Date: 6/18/2001
 Subscribed and sworn to before me this 18th day of June
 2001
 Notary Public: [Signature]
 Date Commission Expires: 1/12/2004

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DEC 26 2001

KCC WICHITA

KCC Office Use ONLY

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

DIANA L. RICHECKY
 Notary Public - State of Kansas
 My Appt. Expires 1/12/04

Side Two

Operator Name: Oil Producers, Inc. of Kansas Lease Name: STALKER Well #: 1

Sec. 8 Twp. 30 S. R. 33 East West County: HASKELL

INSTRUCTIONS: show important tops and base of formations penetrated. Detail all cores. Report all final copies of 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 test, along with final chart(s). Attached extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological wellsite report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4089'	-1119'
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4181'	-1211'
Logs: Geological, Micro Log, Dual Induction Log, Compensated		Kansas City A	4622'	-1652'
Neutron Density PE log,		Marmaton	4768'	-1798'
		Marmaton B	4806'	-1836'
		Morrow	5236'	-2401'
		St. Gen.	5446'	-2476'
		St. Louis	5487'	-2517'
		LTD	5550'	-2580'

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	24	1850	A-con/ 60 40	425/125	2% gel, 3%cc

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth	Type of Cement	# sacks used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shurs 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

TUBING RECORD	Size	Set At	Packer At	Liner Run	+++	+++
NA					+++ Yes	+++ No

Date of First, Resumed Production, SWD or Inj.	Producing Method	Flowing	Pumping	Gas Lift	Other (Explain)	Gravity
1. 4 A plugged		Bbls.	Bbls.	Gas-Oil Ratio		

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
+++ Vented (if vented, submit ACO-18.)	+++ Open Hole +++ Other (Specify)	+++ Dually Comp. +++ Commingled



JOB SUMMARY 70006

TICKET #	1211048	TICKET DATE	3-27-01
BDA / STATE	KS	COUNTY	Haskell
PSL DEPARTMENT	Cement	ORIGINAL	
CUSTOMER REP / PHONE	SPOCKY		
API / UWI #			
DEPARTMENT	Cement	JOB PURPOSE CODE	033
SEC / TWP / RNG	S 305 33W	HES FACILITY (CLOSEST TO WELL SITE)	Liberal KS

REGION	North America	NWA / COUNTRY	Mid Continent
MBU ID / EMP #	0112 Mc Lane	EMPLOYEE NAME	D. Mc Lane
LOCATION	Liberal	COMPANY	B.P.
TICKET AMOUNT	9231.80	WELL TYPE	01
WELL LOCATION	Safanta	DEPARTMENT	Cement
LEASE / WELL #	Holman 4		

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
D. Mc Lane 106322		N. Konbe 106328	4				
D. Wille 225409		J. Evans 212723	4				
T. O'Neil 106304		T. Woodward 224932	4				
M. Cochran 217398		M. Cochran 217398	4				
HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
422207	70						
54038-22941	70						
10219237	70						
421270	70						

Form Name _____ Type: _____
 Form Thickness _____ From: _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp: _____ Pressure _____
 Misc Data _____ Total Depth _____

DATE	TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
3-27-01	1030	3-27-01	1400	3-28-01	1200

TYPE AND SIZE	QTY	MAKE
Float Collar		H
Float Shoe 355 5/2	1	
Guide Shoes		O
Centralizers 5/2	6	
Bottom Plug		W
Top Plug 5W 5/2	1	
Head PIC 5/2		C
Packer		
Other		O

WELL DATA						
	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	H	15.5	5 1/2	0	302	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						SHOTS/FT.
Open Hole						
Perforations						
Perforations						
Perforations						

MATERIALS		
Treat Fluid _____	Density _____	Lb/Gal _____
Disp. Fluid _____	Density _____	Lb/Gal _____
Prop. Type _____	Size _____	Lb. _____
Prop. Type _____	Size _____	Lb. _____
Acid Type _____	Gal. _____	% _____
Acid Type _____	Gal. _____	% _____
Surfactant _____	Gal. _____	In _____
NE Agent _____	Gal. _____	In _____
Fluid Loss _____	Gal/Lb _____	In _____
Gelling Agent _____	Gal/Lb _____	In _____
Fric. Red. _____	Gal/Lb _____	In _____
Breaker _____	Gal/Lb _____	In _____
Blocking Agent _____	Gal/Lb _____	Qty _____
Perpac Balls _____	Qty _____	
Other _____		
Other _____		
Other _____		
Other _____		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB	
DATE	HOURS	DATE	HOURS		
3-28-01	4 hrs	3-28-01	1/2 hr	CMT	
				5/2	
				LJ	
TOTAL	4 hrs	TOTAL	1/2 hr		

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	285	P+ALC "C"	B	1/8" Poly Slake	2.02	12.3
	1					

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Circulating _____ Displacement _____ **DEC 26 2001** _____
 Breakdown _____ Maximum _____ _____
 Average _____ Frac Gradient _____ _____
 Shut In: Instant _____ 5 Min _____ 15 Min _____

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____

JOB LOG

ORDER NO. 70006

TICKET #	70006	TICKET DATE	
BDA / STATE	KS	COUNTY	Wichita
PSL DEPARTMENT	ORIGINAL		
CUSTOMER REP / PHONE			
API / UWI #			
JOB PURPOSE CODE			
HES FACILITY (CLOSEST TO WELL SITE)			

REGION	North America	NWA / COUNTRY	USA
MBU ID / EMP #	106328	EMPLOYEE NAME	Mick Karbe
LOCATION		COMPANY	
TICKET AMOUNT	3271.20	WELL TYPE	
WELL LOCATION		DEPARTMENT	
LEASE / WELL #		SEC / TWP / RNG	

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
M. Karbe 106328	4	J. Evans 112723	4				
J. Woodard 224932	4						
M. Cochran 217398	4						

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS (psi)		JOB DESCRIPTION/REMARKS
				T	C	Tbg	Csg	
	030							Called out for job
	1100							Call for equipment 031128
	127	3.5	0			3000		3000 Test lines
	131	7	10.0			150		150 chrt
	145		162			250		250 chrt 285 cfs @ 12.3#
	146							cadent
	149							wash pump line
	151	6	0			25		25 chrt
	155	6	23			100		100 chrt
	162	2	17			400		400 slow rate
	167	2	72			575		575 pump plug
	168					1100		1100 chrt
								plug held
								TOC @ 550'

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 DEC 26 2001
 AUC WICHITA

Job complete
 Thank you
 Nick