

FORM MUST BE TYPED

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 # 31142
Name: PETROLEUM PROPERTY SERVICES, INC
Address: 155 N. MARKET, SUITE 1010
City/State/Zip: WICHITA, KS 67202
Purchaser: COOPERATIVE REFINING
Operator Contact Person: JIM-THATCHER
Phone: (719) 260-8126
Contractor: Name: _____
License: _____
Wellsite Geologist: _____
Designate Type of Completion
New Well _____ Re-Entry _____ XX Workover

Oil _____ SWD _____ SIOW _____ Temp. Abd.
Gas XX ENHR _____ SIGW _____
Dry _____ Other (Core, MSW, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:

Operator: GEAR PETROLEUM
Well Name: STRAWN-MOBIL
Comp. Date 2/79 Old Total Depth 5100
Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____
Plug Back _____ PSTD _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
X Other (SWD or Inj) Docket No. E25487
INSTALL LINER
12/9/78 12/20/78 3/6/79
Spud Date Date Reached TD Completion Date

API NO. 15- 069-20035-00-01
County GRAY
250 SW 47 - SE Sec. 21 Twp. 25 Rge. 29 X E
47 495 Feet from SW (circle one) Line of Section
230 2145 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
KCC GPS Footages KGR
NE SW or SW (circle one)
NORTH INGALLS UNIT
Lease Name STRAWN-MOBIL Well # 1
Field Name N. INGALLS
Producing Formation MISSISSIPPI
Elevation: Ground 2724 KB 2730
Total Depth 5100 PSTD 4914
Amount of Surface Pipe Set and Cemented at 407 Feet
Multiple Stage Cementing Collar Used? _____ Yes X No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OK KGR 8/10/07
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ 3 Rng. _____ E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 [Signature]
Title PRESIDENT Date 1/4/01

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)

Subscribed and sworn to before me this 4TH day of JANUARY
2001
Notary Public Rosann M. Schippe
Date Commission Expires 9/28/03

ROSANN M. SCHIPPE
NOTARY PUBLIC
STATE OF KANSAS
My Advt. Exp. 9/28/03

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SIDE TWO

NORTH INGALLS UNIT

Operator Name PETROLEUM PROPERTY SERV. INC.

Lease Name STRAWN-MOBIL

Well # 1

Sec. 21 Twp. 25 Rge. 29
 East
 West

County GRAY

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input 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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

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	# Sacks Used	Type and Percent Additives
SURFACE	10 3/4	8 5/8	28	407	COMMON	350	
PRODUCTION	7 7/8	5 1/2	15.5	4964	COMMON	150	
LINER	--	4 1/2	10.5	4886	COMMON	110	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
Perforate					
<input checked="" type="checkbox"/> Protect Casing	SURFACE 525	COMMON	200		
Plug Back TD	575 710	COMMON	200		
Plug Off Zone	760 830	COMMON	250		
	280 1490	COMMON	125		

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	4862-70		7000 GAL REG AZ	4862-70

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PLASTIC LINED	2	4838	4838-41		

Date of First, Resumed Production, SWD or Inj.	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
RESUME INJECTION 11/7/2000		

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	INJECTION INTERVAL	<input checked="" type="checkbox"/> PERFORATION Interval
				4862-70	

API 15-069-20035-0000

JOB LOG

SWIFT Services, Inc.

DATE 11-2 Jan PAGE NO. 21
TICKET NO. 2952

CUSTOMER PPSI WELL NO. #1 Injection LEASE Spsana-Mobil JOB TYPE 4 1/2" Liner

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	10:00							Called out
	13:00							On Location
	16:00							Rig running liner in hole Liner on bottom to 4891ft Hit bridge
	18:00		50					Pull 1ft up - Button up the welder collar - 4 1/2"
			8					Pump 10 bbls fresh water mix 90 strokes at 11.2 ppm
			58			500		mix 20 strokes at 13.5 ppm Done mixing out
								Released plug & washed out line Started displacement
	19:10					900		Done w/ displacement Started plug at 19:00 hrs
								Release pressure - Float shoe not holding
						1000		Repressure to 1000 PSI
						850		Release pressure not holding Repressure to 1000
								Release to 850 PSI
								Shut on at wellhead Washed up bit
	19:30							Job complete Thank you Lad

CONSERVATION DIVISION
WICHITA, KS
JAN 08 2001

RECEIVED
OPERATION DIVISION