

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 # 3372

Name: Morrison-Dixon Oil Operations, Inc.

Address 100 N. Main-Suite 801

City/State/Zip Wichita, Kansas 67202

Purchaser: None

Operator Contact Person: Micheal W. Dixon

Phone (316) 264-9632

Contractor: Name: Murfin Drilling Company

License: 6033

Wellsite Geologist: Micheal W. Dixon

Designate Type of Completion

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

If **OWMO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

- Mud Rotary Air Rotary Cable

10-25-89 11-3-89 11-3-89
Spud Date Date Reached TD Completion Date

API NO. 15- 193-20,484-00-00

County Thomas

C NW SW Sec. 25 Twp. 9 Rge. 32 X East West

1980 Ft. North from Southeast Corner of Section

4620 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

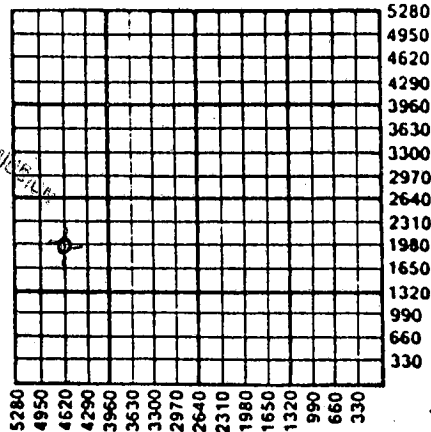
Lease Name Robben Well # 1

Field Name W.C.

Producing Formation None

Elevation: Ground 3045 KB 3050

Total Depth 4680 PBD None



Amount of Surface Pipe Set and Cemented at 254 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 in.

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-111 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.

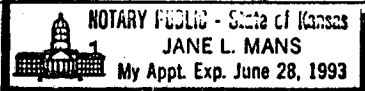
Signature Micheal W. Dixon

Title Vice-President Date 11-10-89

Subscribed and sworn to before me this 10th day of November, 19 89.

Notary Public Jane L. Mans

Date Commission Expires _____



K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name Morrison-Dixon Oil Operations, Inc. Lease Name Robben Well # 1
 East County Thomas
 Sec. 25 Twp. 9S Rge. 32 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST#1 4219-70, 30-45-60-45, Rec. 180' GIP, 5'CO, 300'OCMW, 180' SO&MCW, IFP 54-162#, FFP 187-335#, ISIP717#, FSIP701# DST#2 4305-38, 30-30-30-30, Rec 5'Mud, IFP30-30#, FFP 30-30#, ISIP 30#, FSIP 30#	<p align="center">Formation Description</p> <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Bottom</th> </tr> </thead> <tbody> <tr><td>Anhydrite</td><td>2618</td><td>+432</td></tr> <tr><td>B/An</td><td>2646</td><td>+404</td></tr> <tr><td>Heebner</td><td>4026</td><td>-976</td></tr> <tr><td>Lansing</td><td>4068</td><td>-1018</td></tr> <tr><td>Stark</td><td>4277</td><td>-1227</td></tr> <tr><td>B/Kc</td><td>4340</td><td>-1290</td></tr> <tr><td>Ft. Scott</td><td>4534</td><td>-1484</td></tr> <tr><td>Cherokee</td><td>4564</td><td>-1514</td></tr> <tr><td>Mississippi</td><td>4646</td><td>-1596</td></tr> </tbody> </table>	Name	Top	Bottom	Anhydrite	2618	+432	B/An	2646	+404	Heebner	4026	-976	Lansing	4068	-1018	Stark	4277	-1227	B/Kc	4340	-1290	Ft. Scott	4534	-1484	Cherokee	4564	-1514	Mississippi	4646	-1596
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CASING RECORD							
<input checked="" 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	12 1/4"	8 5/8"	20#	254'	60-40 Poz	165sx	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 _____