

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

Operator: License # 30717

Name: Downing-Nelson Oil Co., Inc.

Address P.O. Box 372

City/State/Zip Hays, Kansas 67601

Purchaser: _____

Operator Contact Person: Ron Nelson

Phone (785) 628-3449

Contractor: Name: Vonfödt Drilling, Inc.

License: 9431

Wellsite Geologist: Al Downing

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. _____
 Gas ENHR SIGW Cat. _____
 Dry Other (Core, WSW, Exp. _____)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

10-7-99 10-13-99 10-14-99
Spud Date Date Reached TD Completion Date

API NO. 15- 179-210970000

County Sheridan

SE - SW - NW Sec. 13 Twp. 9S Rge. 28 ^E _W

2970 Feet from N (circle one) Line of Section

4290 Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Herl Well # 1

Field Name Wildcat

Producing Formation NONE

Elevation: Ground 2770 KB 2775

Total Depth 4192 PBTD _____

Amount of Surface Pipe Set and Cemented at 261 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 P&A 2-8-00 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 18,000 ppm Fluid volume 300 bbls

Dewatering method used Allow to dry and backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS
JAN 27 2000

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 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 Ron Nelson

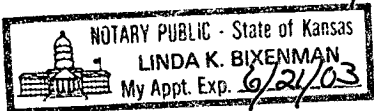
Title President Date 1-27-00

Subscribed and sworn to before me this 27th day of January, 2000.

Notary Public Linda K. Bixenman

Date Commission Expires 6/24/03

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other (Specify)



Operator Name Downing-Nelson Oil Co., Inc Lease Name Herl Well # 1

Sec. 13 Twp. 9S Rge. 28 East West County Sheridan

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 during test. Attach extra sheet 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<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	Top Anhydrite	2394	+386
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Howard	3578	-798
List All E.Logs Run: ELI Wireline Density-Neutron, Dual Ind. w/ SP		Topeka	3668	-888
		Heebner	3881	-1101
		Toronto	3904	-1124
		LKC	3918	-1138
		BKC	4154	-1374

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	261	60-40poz	160	2 % gel 3 %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				

Shots 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
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)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<i>Perfor</i>				

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

15-179-21097-00-00

Her1#1 DST's

#1 3888-3916 30'-30'-5'-0'
IFP 18-20
FFP 20-20
SIP 990-NA
HP 1877-1859
Rec: 3' mud w/ospts

#2 3935-3984 30"-30"-30"-30"
IFP 373-902
FFP 948-1114
SIP 1154-1114 HP 1917-1909
REC: 510' MCW & 2000' W

#3 3976-4000 Straddle 45"-45"-45"-45"
IFP 22-68
FFP 59-89
SIP 1146-1134
REC 150' MW
HP 1998-1943

RECEIVED
STATE CORPORATION COMMISSION

JAN 31 2000

CONSERVATION DIVISION
Wichita, Kansas

ALLIED CEMENTING CO., INC. 1564

Federal Tax I.D.# ~~XXXXXXXXXX~~

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

15-179-21097-00-00

SERVICE POINT:
Oakley

DATE <u>10-14-99</u>	SEC. <u>13</u>	TWP. <u>9S</u>	RANGE <u>28W</u>	CALLED OUT	ON LOCATION <u>1:15 PM</u>	JOB START	JOB FINISH <u>6:45 AM</u>
LEASE <u>Herl</u>		WELL # <u>1</u>		LOCATION <u>Hoxie 65-2E-1/2N-E1S</u>		COUNTY <u>Shoemaker</u>	STATE <u>Kan</u>
OLD OR NEW (Circle one)							

CONTRACTOR Von Feldt Drilling Inc #1

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4192'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 XIT DEPTH 2400'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT

AMOUNT ORDERED 200 SKS 60/40 per
6% Gel, 1/4" # Flo-Seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Walt

102 HELPER _____

BULK TRUCK _____

218 DRIVER Lonnie

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

25 SKS @ 2400'

100 SKS @ 1495'

40 SKS @ 310'

10 SKS @ 40'

15 SKS @ R.H.

10 SKS @ M.H.

Shelton

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ miles @ 25

PLUG 8 7/8 D.H. @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Downing-Nelson Oil Co, Inc

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Bill Owen RECEIVED _____

STATE CORPORATION COMMISSION

PRINTED NAME Bill Owen

OCT 31 2000

ALLIED CEMENTING CO., INC. 1782

Federal Tax I.D.# ~~XXXXXX~~

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

15-179-21097-00-00

DATE <u>10-7-99</u>	SEC <u>13</u>	TWP <u>9 S</u>	RANGE <u>28 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:30 PM</u>
LEASE <u>Herl</u>	WELL # <u>1</u>	LOCATION <u>Quarter N to Red line</u>			COUNTY <u>Sheridan</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR <u>Vonfeldt Dily</u>	OWNER
TYPE OF JOB <u>Surface</u>	CEMENT
HOLE SIZE <u>12 W</u> T.D. <u>264</u>	AMOUNT ORDERED <u>160 ⁶⁰ 3% CC</u>
CASING SIZE <u>8 1/2</u> DEPTH <u>260-261</u>	<u>2% gel</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON @
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>10-15</u>	GEL @
PERFS.	CHLORIDE @
DISPLACEMENT <u>20 #</u>	@
EQUIPMENT	@
<u>345</u> <u>Dave</u>	@
PUMP TRUCK CEMENTER <u>Maah</u>	HANDLING @
# HELPER	MILEAGE @
BULK TRUCK DRIVER	TOTAL
# <u>213</u> DRIVER <u>Jason</u>	

REMARKS:

SERVICE

Cement OK

DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE @	
MILEAGE @	
PLUG <u>F. E. wooden</u> @	
@	
TOTAL	

CHARGE TO: Downing-Nelson Oil Co Inc

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

@	
@	
@	
@	
TOTAL	
TAX	
TOTAL CHARGE	
DISCOUNT IF PAID IN 30 DAYS	

SIGNATURE Bill Owen RECEIVED STATE CORPORATION COMMISSION

PRINTED NAME BILL OWEN

JAN 31 2000