

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

API NO. 15- 193-206430000 **ORIGINAL**
County Thomas

200' N-SE-SE-NE Sec. 35 Twp. 10S Rge. 32 X ^E

2110 Feet from S/W (circle one) Line of Section

330 Feet from E/W (circle one) Line of Section

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

Lease Name Wilson Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 3016 KB 3021

Total Depth 4650 PSTD _____

Amount of Surface Pipe Set and Cemented at 309 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set 302 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat.

Drilling Fluid Management Plan DFM 9-22-96
(Data must be collected from the Reserve Pit) Lu

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. S Rng. E/W

County _____ Docket No. _____

Operator: License # 31691

Name: Coral Coast Petroleum, L.C.

Address 212 N. Market #402

City/State/Zip Wichita, Kansas 67202

Purchaser: _____

Operator Contact Person: Dan Reynolds

Phone (316) 269-1233

Contractor: Name: Mallard JV, INC.

License: 4958

Wellsite Geologist: Dan Reynolds

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.

_____ Gas _____ ENHR _____ SIGW

X Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD

_____ Plug Back _____ PSTD

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

12-28-95 12-6-95 1-7-96
Spud Date Date Reached TD Completion Date

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.

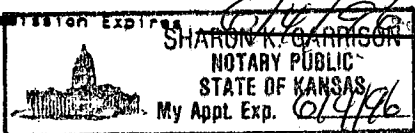
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Daniel M. Reynolds
Title Managing Member Date 1-17-96

Subscribed and sworn to before me this 17th day of January 19 96.

Notary Public Sharon K. Garrison 1-23-96

Date Commission Expires 01/17/96



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

Operator Name Coral Coast Petroleum, L.C. Lease Name Wilson Well # 1

Sec. 35 Twp. 40S Rge. 32 East West County Thomas

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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: Dual Ind., CND

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	2548	+473
Base/Anhydrite	2579	+446
Heebner	3978	-957
Lansing	4019	-998
Stark Shale	4233	-1212
BKC	4301	-1280
Cherokee shale	4514	-1493
Mississippi	4596	-1575
RTD	4650	
LTD	4650	

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	14 1/4	13 3/8	47#	392	60/40poz	150	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		Acid, Fracture, Shot, Cement Squeeze Record	
	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, 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	
	D&A					

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: _____

ORIGINAL

Drill Stem Tests

#1 Wilson
200'N SE SE NE 35-10s-32w
Thomas County, Kansas

15-193-20643

DST #1-Lansing E & F 4093-4119, 30-30-30-30. Recovered 70' of mud with a few oil specks. HYD 1940-1930, FP 22-26, 47-51, SIP 1147-1139, 112°F.

DST #2-Lansing H 4151-4183, 30-30-30-30. Recovered 20' of oil cut mud (20% oil). HYD 1990-1970, FP 40-42, 48-48, SIP 317-71, 112°F.

DST #3-Lansing I, J & K 4188-4270, 30-30-30-30. Recovered 40' of GIP and 20' of oil specked mud. HYD 2039-2022, FP 54-54, 60-60, SIP 69-71, 114°F.

DST #4-4271-4294, 30-30-30-30. Recovered 5' of oil specked mud. HYD 2070-2010, FP 32-32, 32-32, SIP 32-32, 114°F.

DST #5
4295'-4337', (Pleasanton sand) 60-60-60-60
Recovered: 20' Gas in pipe, 1' oil, 102' oil cut mud (20% oil), 124' slightly oil cut watery mud (1% oil, 10% water), 62' watery mud (30% water), 27,000ppm Hyd: 2149-2139#, FP: 50-101#; 132-144#, SIP: 1277-1256#.

DST #6 4568'-4599' Cherokee sand 25-0-0-0
Recovered: 3' mud FP: 30-30#

RECEIVED
STATE CORPORATION COMMISSION

JAN 23 1996

FOR THE COMMISSION
STATE CORPORATION COMMISSION
KANSAS

ALLIED CEMENTING CO., INC.

3837

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

ORIGINAL

SERVICE POINT:

Oakley

DATE <u>12-28-95</u>	SEC. <u>35</u>	TWP. <u>10</u>	RANGE <u>32</u>	CALLED OUT	ON LOCATION <u>3:00 PM</u>	JOB START	JOB FINISH <u>4:15 PM</u>
LEASE <u>Wilson</u>	WELL # <u>1</u>	LOCATION <u>Oakley Kan</u>			COUNTY <u>Logan</u>	STATE <u>Kan</u>	

OLD OR (NEW) (Circle one)

CONTRACTOR Mallard Dels Co
 TYPE OF JOB Conductor
 HOLE SIZE 14 1/4 T.D. 305'
 CASING SIZE 13 3/8 DEPTH 302'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.

OWNER Same
 CEMENT
 AMOUNT ORDERED 1502
4% CC - 2% Lat

COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Walt
 # 191 HELPER Terry
 BULK TRUCK
 # 305 DRIVER Dean
 BULK TRUCK
 # DRIVER

TOTAL _____

REMARKS:

Can't get cement to set
to set
Walt

SERVICE

DEPTH OF JOB 302'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 1-mile @ 2.32
 PLUG 13 3/8 Plug @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

CHARGE TO: Coral Coast
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

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.

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

SIGNATURE [Signature]