

**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

RECEIVED
JUL 12 11:00 AM
KCC WICHITA ORIGINAL

Operator: License # 5552
Name: Gore Oil Company
Address: P.O. Box 2757
City/State/Zip: Wichita, KS 67201-2757
Purchaser: n/a
Operator Contact Person: Larry M. Jack
Phone: (316) 263-3535
Contractor: Name: Swift Services
License: 32382

Wellsite Geologist: n/a
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Gore Oil Company
Well Name: Summers #45-25
Original Comp. Date: 10-25-83 Original Total Depth: 4675'
 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. _____

Spud Date or Recompletion Date	Date Reached TD	6-20-02 Completion Date or Recompletion Date
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API No. 15 - 193-20284-0002
County: Thomas
NE NE SW Sec. 25 Twp. 10 S. R. 31 East West
2310 2340' feet from (S) N (circle one) Line of Section
2960 3083' feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW
Lease Name: Summers Well #: 45-25
Field Name: Triangle
Producing Formation: Lansing-Kansas City
Elevation: Ground: 2928' Kelly Bushing: 2933'
Total Depth: 4675' Plug Back Total Depth: 2508'
Amount of Surface Pipe Set and Cemented at 312 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 2561'
feet depth to surface w/ 550 sx cmt.

Drilling Fluid Management Plan *OWWO KJR 1/17/08*
(Data must be collected from the Reserve Pit) *SWD*
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. R. _____ East West
County: _____ Docket No.: _____

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 of 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: Larry M. Jack
Title: Operations Mgr Date: 7-11-02

Subscribed and sworn to before me this 11th day of July, 2002
19 _____

Notary Public: Rebecca K. Crawford
Date Commission Expires: 1-13-03

REBECCA K. CRAWFORD
State of Kansas
My Appt. Exp. 1-13-03

KCC Office Use ONLY

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

X

ORIGINAL

Operator Name: Gore Oil Company Lease Name: Summers Well #: 45-25
 Sec. 25 Twp. 10 S. R. 31 East West County: Thomas

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes No Cores Taken Yes No Electric Log Run Yes No <i>(Submit Copy)</i> List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Log Name</th> <th style="width:60%;">Formation (Top), Depth and Datum</th> <th style="width:20%;">Sample Datum</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample Datum									
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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
Conductor		16"		50'			
Surface		8 5/8"		312'		225	
Production		4 1/2"		2561'		550	

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	2244'-2253'	1,500 gal. DSFE Acid, 1.5 gal. Inh. 1, 4 gal.	
3	2258'-2288'	SWD Soap	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
		2 3/8"	2200'	2196'			<input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method		Flowing	Pumping	Gas Lift	Other (Explain)
7-8-02							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____