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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

KCC WICHITA WELL HISTORY DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31521
 Name: KENMARK Corporation
 Address: P.O. Box 572
 City/State/Zip: Hays, KS 67601-0572
 Purchaser: None--D & A
 Operator Contact Person: Mark Kilian
 Phone: (720) 851-6086
 Contractor (Name): Murfin Drilling Company, Inc.
 License: 30606
 Wellsite Geologist: Mark Kilian
 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: _____
 Well Name: _____
 Original-Comp. Date: _____ Original Total Depth: _____
 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. _____
 11/05/01 11/10/01 None
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15-053-21,108-0000
 County: Ellsworth 145 North & 160 East
OF SW NE SW Sec. 15 Twp. 16 S. R. 10 East West
1795 feet from N (circle one) Line of Section
1810 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Chase Well #: 1
 Field Name: Stoltenberg
 Producing Formation: None--D & A
 Elevation: Ground: 1879' Kelly Bushing: 1884'
 Total Depth: 3391' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 435 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
 (Data must be collected from the Reserve Pit) *PAA KGR 1/15/08*
 Chloride content 9400 ppm Fluid volume 15 bbls.
 Dewatering method used Evaporation
 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: Jenneth A. Norton
 Title: Vice President, Kenmark Corp. Date: 02/06/02
 Subscribed and sworn to before me this 6 day of Feb 2002
 Notary Public: Wanda Karlin
 Date Commission Expires: 8-30-05

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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WANDA KARLIN
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appt. Exp. 8-30-05

KCC WICHITA

Operator Name: KENMARK Corporation Lease Name: Chase Well #: 1
 Sec. 15 Twp. 16 S. R. 10 East West County: Ellsworth

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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 <i>(Submit Copy)</i> List All E. Logs Run: Radiation Guard Log--E.L.I. Wireline	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>2905'</td> <td>-1021'</td> </tr> <tr> <td>Toronto</td> <td>2924'</td> <td>-1040'</td> </tr> <tr> <td>LKC</td> <td>3029'</td> <td>-1145'</td> </tr> <tr> <td>Base LKC</td> <td>3268'</td> <td>-1348'</td> </tr> <tr> <td>Arbuckle</td> <td>3382'</td> <td>-1498'</td> </tr> <tr> <td>RTD</td> <td>3391'</td> <td>-1507'</td> </tr> </table>	Name	Top	Datum	Heebner	2905'	-1021'	Toronto	2924'	-1040'	LKC	3029'	-1145'	Base LKC	3268'	-1348'	Arbuckle	3382'	-1498'	RTD	3391'	-1507'
Name	Top	Datum																				
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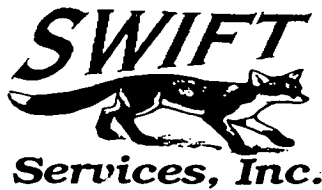
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface Pipe	12 1/4"	8 5/8"	23#	435'	Standard	250 sks.	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
None	D & A	None	N/A

TUBING RECORD		Size	Set At	Packer At	Liner Run
None--D & A					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
None--D & A			<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
	None	None	None	N/A	N/A

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>None--D & A</u>	



CHARGE TO:
KEDMARK CORPORATION
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 3915

PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 1	LEASE CHASE	COUNTY/PARISH ELLISWORTH	STATE Ks	CITY	DATE 11-5-01	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR MURPHY BROWNG	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE Oil	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 8 5/8" SURFACE	WELL PERMIT NO.	WELL LOCATION HOLYROOD, KS - 42 1/2 W. N.W. 2		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE * 104	60	MI			2.50	150.00
576		1			PUMP SERVICE - RECEIVED	1	JOB	433	FT	500.00	500.00
410		1			TOP PLUG FEB - 7 2002	1	EA	8 5/8"		56.00	56.00
325		1			STANDARD CEMENT KCC WICHITA	250	SLS			6.75	1687.50
278		1			CALCIUM CHLORIDE	7	SLS			25.00	175.00
279		1			BENTONITE GEL	5	SLS			11.00	55.00
581		1			SERVICE CHARGE CEMENT	250	SLS			1.00	250.00
583		1			DRAYAGE	24560	lbs.	736.8	TM	.75	552.60

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *Bill Wagon*
 DATE SIGNED **11-5-01** TIME SIGNED **2:00**

A.M.
 P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	3426	10
TAX	96	70
TOTAL	3522	80

ORIGINAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR
WAYNE WATSON

APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc. ORIGINAL

DATE **11-5-01** PAGE NO. **1**

CUSTOMER **KEYMARK CORPORATION** WELL NO. **1** LEASE **CHASE** JOB TYPE **8 5/8" SURFACE** TICKET NO. **3915**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2000							ON LOCATED
	2230							START 8 5/8" CASING IN WELL TD - 435 NP - 433.62 23#/FT 15' CEMENT LEFT IN CSG.
	2325							BREAK CIRCULATION
	2335	5 1/2	60.6		✓		200	MIX CEMENT - 250 SLS STANDARD 2% CEL, 3% CC RELEASE PLUG
	2355	6 1/2	0		✓		300	DISPLACE PLUG
	2400		26.8					PLUG DOWN - SHUT IN CIRCULATED 35 SLS CEMENT TO PLOT WASHUP
	2430							JOB COMPLETE

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THANK YOU
WALDE BUSTY SHAW



CHARGE TO: Kenmark Corp
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 3948

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>Ness City</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Chase</u>	COUNTY/PARISH <u>Ellsworth</u>	STATE <u>Ks</u>	CITY	DATE <u>11-10-01</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>Muffin</u>	SHIPPED VIA <u>105</u>	DELIVERED TO <u>N. Holyrood</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Abandoned</u>	JOB PURPOSE <u>P.T.A.</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE	105	60	mi		2.50	150	00
576		1			Pump charge		1	EA			500	00
328		1			60/40 Poz 6% Gel		185	sls		5.65	1045	25
276		1			Blocelo		46	lbs		.90	41	40
581		1			Bulk Service charge		185			1.00	185	00
583		1			Drayage		476	27	T.M.	.75	357	20
410		1			Top Plug		1	EA	856		56	00

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 KCC WICHITA

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 11-10-01 TIME SIGNED 0700
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 2334 85
~~2334~~
 TAX 114 41
 TOTAL 2449 26

ORIGINAL

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SWIFT OPERATOR Jerry APPROVAL

Thank You!

