

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator License # 31458
Name: H J Inc
Address 70 N. Farmland Rd
City/State/Zip Garden City, KS 67846
Purchaser _____
Operator Contact Person: Kenneth Lang
Phone: (620) 287-1910
Contractor Name: Post & Mastin Well Service Inc
License 8438
Wellsite Geologist None

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 Amoco
Well Name: Wallace #4

Original Comp. Date: 5-14-93 Original Total Depth: 2863
~~Deepening~~ ~~Re-perf.~~ ~~Conv. to Enhr./SWD~~
 Plug Back 1562 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. D-28158

6-24-03 6-27-03 7-3-03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 081-20,762 - 00-01
County: Haskell
NE - NE - 1/4 Sec. 30 Twp. 30 S. R. 32 East West
1250 4046 feet from S (circle one) Line of Section
1250 1379 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW
Lease Name: Wallace Well #: 4
Field Name: Hugoton
Producing Formation: SWD
Elevation: Ground: 2898 Kelly Bushing: 10'
Total Depth: 2863 Plug Back Total Depth: 1562
Amount of Surface Pipe Set and Cemented at 643 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 owwo Kgrc 2-4-08
(Data must be collected from the Reserve Pit) SWD
Chloride content 18,000 ppm Fluid volume 60 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 Kenneth Lang
Title President Date: Aug. 8, 2003
Subscribed and sworn to before me this 8th day of August

2003
Notary Public Joann Borthwick
Date Commission Expires: July 8, 2004

JOANN BORTHWICK
Notary Public - State of Kansas
My Appt. Expires 7-8-04

KCC Office Use ONLY

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

X

Operator Name: H. J. Inc Lease Name: Wallace Well #: 4

Sec 30 Twp 30 S R 32 East West County: Haskell

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 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:

Log Formation (Top), Depth and Datum Sample

Name _____ Top _____ Datum _____

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	# Sacjs Used	Type and Percent Additives
Surface Pipe		8 5/8	24#	643	Howco Light Prem. Plus C	195 150	1/4# Flocele 2% C A Clg.
Production		5 1/2	15.5#	2863	Howco Light Prem Plus C	500 150	1/4# Flocele 2% C A Clg.

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
4 SPF	1305-1335		
	Packer set at 1264		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	1268	1264	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First Resumerd Production, SWD or Enhr. 8-1-03 SWD

Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours

Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 _____