

15-051-25120-00-00

FORM MUST BE TYPED

SIDE ONE

CONFIDENTIAL

TIGHT HOLE

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

API NO. 15-051-25120

County Ellis

100'E, 60'N

C 1 - NW - NE - Sec 28 Twp. 11 S Rge. 20 W

ORIGINAL

Operator: License # 30606

600 Feet from S/N (circle one) Line of Section

Name: Murfin Drilling Co., Inc.

1880 Feet from E/W (circle one) Line of Section

Address 250 N. Water, Suite 300

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

City/State/Zip Wichita, KS 67202

Purchaser:

Lease Name Dustin K Well # A-28

Operator Contact Person: Tom W. Nichols

Field Name Cromb South

Phone (316) 267 - 3241

Producing Formation none

Contractor: Name: Murfin Drilling Co., Inc.

Elevation: Ground 2142' KB 2147'

License: 30606

Total Depth 3860' PBTB

Wellsite Geologist:

Amount of Surface Pipe Set and Cemented at 227' Feet

Designate Type of completion

Multiple Stage Cementing Collar Used? Yes No

x New Well Re-Entry Workover

If yes, show depth set Feet

Oil SWD SIOW Temp. Abd.
Gas ENHR SIGW
x Dry Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from

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

feet depth to w/ sx cmt.

Operator:

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)

Well Name:

Chloride content ppm Fluid volume 2500 bbls

Comp. Date Old Total Depth

Dewatering method used Evaporation

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

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name License No.

2/14/02 Spud Date 2/21/02 Date Reached TD 2/21/02 Completion Date

Quarter Sec. Twp. S Rng. E/W

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 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 Tom W. Nichols
Title Tom W. Nichols Production Manager Date 2002

Subscribed and sworn to before me this day of 2002.

Notary Public Barbara J. Dodson
Date Commission Expires 12/16/03

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

SIDE TWO

Operator Name Murfin Drilling Co. Inc.

Lease Name Dustin K Well # 1-28

Sec. 28 Twp. 11S Rge. 20 W

East
 West

County Ellis

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.)

Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey Yes No

Name

Top

Datum

Cores Taken Yes No

SEE ATTACHED LIST

Electric Log Run Yes No
(Submit Copy.)

List all E.Log Dual Comp. Porosity, Dual Induction, Microresistivity

CASING RECORD <u> </u> New <u> </u> 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"	24#	227'	60/40 Poz	160sx	3%cc,2%gel

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: _ Perforate _ Protect Csg _ Plug Back TD _ Plug Off Zone	Depth Top/Btm	Type of Cement	# Sacks Used	Type and Percent Additives

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		

TUBING RECORD	Size	Set At	Packer At	Liner
				<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
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, submit ACO-18.) Other (Specify)

MITTO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

R

15-051-25120-00-00

DATE <u>2/2/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3:00 p.m.</u>	JOB START	JOB FINISH <u>10:00 p.m.</u>
LEASE <u>Dustin</u>	WELL# <u>1-28</u>	LOCATION <u>Ellis Church 3 1/4 W</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

ORIGINAL

CONTRACTOR Murfin #16

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 38'00"

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 215 60# 140 60# 40# 1/4 # F10

COMMON	<u>129</u>	@	<u>6.65</u>	<u>857.85</u>
POZMIX	<u>86</u>	@	<u>3.55</u>	<u>305.30</u>
GEL	<u>11</u>	@	<u>10.00</u>	<u>110.00</u>
CHLORIDE		@		
<u>Floccal</u>	<u>54#</u>	@	<u>1.40</u>	<u>75.60</u>

EQUIPMENT

PUMP TRUCK CEMENTER Paul

177 HELPER B:11

BULK TRUCK

213 DRIVER Shane

BULK TRUCK

_____ DRIVER _____

HANDLING 226

MILEAGE 44 1/2 SK/mile

TOTAL 1823.35

CONFIDENTIAL

REMARKS:

SERVICE

3761 - 25 SF

11000 25 SF

850 100 SF

280 40 SF

40 10 SF

Rathole 15 SF

DEPTH OF JOB _____

PUMP TRUCK CHARGE 630.00

EXTRA FOOTAGE @ _____

MILEAGE 25 @ 3.00 75.00

PLUG 8 5/8 Dry hole @ 23.00

TOTAL 728.00

CHARGE TO: Martin

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 Bill Wynn Bill Wynn

PRINTED NAME

THANKS

DAA

KCC
3-8-2002
MAR 8 2002
CONFIDENTIAL

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

15-051-25720-00-00
ORIGINAL

 * INVOICE *

Invoice Number: 086603

Invoice Date: 02/26/02

Sold Murfin Drilling Co.
 To: 250 N. Water, St. #300
 Wichita, KS
 67202

KCC
 3-8-2002
 MAR 8 2002

CONFIDENTIAL

CONFIDENTIAL

Cust I.D.....: Murfin
 P.O. Number...: Dustin 28-1
 P.O. Date.....: 02/26/02

Due Date.: 03/28/02
 Terms....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	160.00	SKS	6.6500	1064.00	E
Gel	3.00	SKS	10.0000	30.00	E
Chloride	5.00	SKS	30.0000	150.00	E
Handling	168.00	SKS	1.1000	184.80	E
Mileage (26)	26.00	MILE	6.7200	174.72	E
168 sks @\$.04 per sk per mi					
Surface	1.00	JOB	520.0000	520.00	E
Mileage pmp trk	26.00	MILE	3.0000	78.00	E
Wood plug	1.00	EACH	45.0000	45.00	E

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 224.66
 ONLY if paid within 30 days from Invoice Date

Subtotal: 2246.52
 Tax.....: 0.00
 Payments: 0.00
 Total....: 2246.52
224.66

2021.86

Account	Unit	Rig	No.	AMOUNT
016	20	1375		2246.52 (224.66)

OK Murfin

Cement S. Co.

ALLIED CEMENTING CO., INC. 10444

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

SERVICE POINT: _____

15-051-25120-00-00

CONFIDENTIAL

DATE <u>2/14/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3:30 P.M.</u>	JOB START	JOB FINISH <u>12:00 P.M.</u>
LEASE <u>Dustin</u>	WELL# <u>28-1</u>	LOCATION <u>Ellis Church 3 1/4 W</u>			COUNTY <u>Ellis</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

ORIGINAL

CONTRACTOR <u>Murfin #110</u>		OWNER _____
TYPE OF JOB <u>S.C. Seal</u>		
HOLE SIZE <u>12 1/4</u>	T.D. <u>228'</u>	CEMENT
CASING SIZE <u>8 3/4</u>	DEPTH <u>225'</u>	AMOUNT ORDERED <u>1600 Lbs 3% GEL</u>
TUBING SIZE _____	DEPTH _____	<u>2% GEL</u>
DRILL PIPE _____	DEPTH _____	
TOOL _____	DEPTH _____	
PRES. MAX _____	MINIMUM _____	COMMON <u>160</u> @ <u>6.65</u> <u>1064.00</u>
MEAS. LINE _____	SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>10'</u>		GEL <u>3</u> @ <u>10.00</u> <u>30.00</u>
PERFS. _____		CHLORIDE <u>5</u> @ <u>30.00</u> <u>150.00</u>
DISPLACEMENT <u>1334 Bbl</u>		_____ @ _____
EQUIPMENT		_____ @ _____
PUMP TRUCK CEMENTER <u>Paul</u>		_____ @ _____
# <u>177</u> HELPER <u>Jason</u>		_____ @ _____
BULK TRUCK		HANDLING <u>168</u> @ <u>1.10</u> <u>184.80</u>
# <u>213</u> DRIVER <u>Shane</u>		MILEAGE <u>4 1/2 / mile</u> <u>174.75</u>
BULK TRUCK		
# _____ DRIVER _____		TOTAL <u>1603.52</u>

KCC
3-8-2002
MAR 8

CONFIDENTIAL

REMARKS:

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>520.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>26</u> @ <u>3.00</u>	<u>78.00</u>
PLUG <u>8 3/4 Wood</u> @ _____	<u>45.00</u>
_____ @ _____	
_____ @ _____	
TOTAL	<u>643.00</u>

CHARGE TO: Murfin

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
TOTAL	_____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Wynn Bill Wynn
PRINTED NAME

THANKS