

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

API NO. 15- 051-25.008

County Ellis

NE - SE - SW - NW Sec. 32 Twp. 11S Rge. 19W

2270 Feet from N (circle one) Line of Section

1250 Feet from E (circle one) Line of Section

Operator: License # 32034

Name: Hal C. Porter

Address 10004 W 20th St N

City/State/Zip Wichita KS 67212

Purchaser: Cooperative Refining. LLC

Operator Contact Person: Hal C. Porter

Phone (316) 773-3808

Contractor: Name: Murfin Drilling Company

License: 30606

Wellsite Geologist: Randall 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/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

8/06/99 8/12/99 9/12/99
Spud Date Date Reached TD Completion Date

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

Lease Name Terry Solomon Well # 32-2

Field Name Zerfas East

Producing Formation Arbuckle

Elevation: Ground 2100 KB 2105

Total Depth 3741 PBTB 3741

Amount of Surface Pipe Set and Cemented at 219 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 219'

feet depth to Surface w/ 150 sx 60/40 Poz _____ sx cmt.

Drilling Fluid Management Plan P+A, 10-12-99 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 27.000 ppm Fluid volume 380 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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.

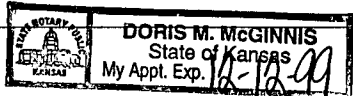
Signature [Signature]

Title President Date _____

Subscribed and sworn to before me this 30th day of Sept 19 99.

Notary Public Doris M. McGinnis

Date Commission Expires _____



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

Operator Name Hal C. Porter Lease Name Terry Solomon Well # 32-2
 East County Ellis
 Sec. 19 Twp. 11S Rge. 19W
 West

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1447	+658
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base	1486	+619
List All E.Logs Run: Dual Induction, Borehold Compensated Sonic Dual Compensated Porosity Log.		Topeka	3110	-1005
		Heebner Shale	3333	-1228
		Toronto	3354	-1249
		Lansing	3372	-1267
		Base KC	3597	-1492
		Simpson Dolomite	3660	-1555
		Arbuckle	3669	-1564
		T.D.	3741	-1636

CASING RECORD							
<input checked="" 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 Casing (New)	12-1/4"	8-5/8"	24#	219'	60/40 Pozmix	150	3%CaCl ₂ gel
Note: Full returns of cement to surface on Surface Casing Cementing Job.							

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth	Type of Cement	#Sacks Used	Type and Percent Additives	
Perforate	Top Bottom				
Protect Casing					
Plug Back TD					
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
RECEIVED STATE CORPORATION COMMISSION 10-1-1999 OCT 1 1999			
TUBING RECORD	Size Wichita Kansas	Set At	Packer At
Date of First, Resumed Production, SWD or Inj.		Producing Method	
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.
	N/A		
Gas-Oil Ratio		Gravity	

Disposition of Gas: METHOD OF COMPLETION

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

ALLIED CEMENTING CO., INC. ORIGINAL 1517

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

SERVICE POINT: Dakley

15051-25008-00-00

DATE <u>8-12-99</u>	SEC. <u>32</u>	TWP. <u>11S</u>	RANGE <u>19W</u>	CALLED OUT	ON LOCATION <u>3:45 PM</u>	JOB START <u>5:15 PM</u>	JOB FINISH <u>7:45 PM</u>
LEASE <u>Terry Solomon</u>		WELL # <u>322</u>	LOCATION <u>ELLIS 7N-4E-3/4N-E.S.</u>		COUNTY <u>ELLIS</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)							

CONTRACTOR MyrFin Dcls #8 OWNER Same

TYPE OF JOB PTA

HOLE SIZE <u>7 7/8</u>	T.D. <u>3740'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>219'</u>
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2 XH</u>	DEPTH <u>3668'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT AMOUNT ORDERED 215 SKS 60/40 per
6% Gel, 1/4# Flo-Sec

COMMON	<u>129</u>	@	<u>635</u>	<u>81945</u>
POZMIX	<u>86</u>	@	<u>325</u>	<u>27900</u>
GEL	<u>11</u>	@	<u>950</u>	<u>10450</u>
CHLORIDE		@		
<u>Flo-Sec</u>	<u>54#</u>	@	<u>145</u>	<u>6210</u>
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>22575</u>
MILEAGE	<u>44 / SK / mile</u>			<u>20645</u>
TOTAL				<u>169740</u>

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>Walt</u>
	HELPER <u>Dean</u>
BULK TRUCK # <u>315</u>	DRIVER <u>Walt</u>
BULK TRUCK #	DRIVER

REMARKS:

25 SKS @ 3668'
25 SKS @ 1470'
100 SKS @ 750'
40 SKS @ 270'
10 SKS @ 40'
15 SKS in R.H.

[Signature]

SERVICE

DEPTH OF JOB	<u>3668'</u>
PUMP TRUCK CHARGE	<u>58000</u>
EXTRA FOOTAGE	@
MILEAGE <u>24 miles</u>	@ <u>285</u> <u>6840</u>
PLUG <u>8 5/8 D-H</u>	@ <u>2300</u>
	@
	@
TOTAL <u>67140</u>	

CHARGE TO: Hal C. Porter

STREET _____
CITY _____ STATE _____

RECEIVED
STATE CORPORATION COMMISSION
10-1-1999
OCT - 1 1999
CONSERVATION DIVISION
Wichita, Kansas

FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

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.

SIGNATURE Keith Van Selt

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

PRINTED NAME