

ORIGINAL

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

Operator: License # 06113

Name: LANDMARK OIL EXPLORATION, INC.

Address 250 N. Water, Suite 308

City/State/Zip Wichita, KS. 67202

Purchaser: _____

Operator Contact Person: Jeff Wood

Phone (316) 265-8181

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If **OMWO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

4-06-91 4-16-91 _____

Spud Date Date Reached TD Completion Date

API NO. 15- 109-20,507-00-00

County LOGAN ✓

NW NW NE 9 Sec. 9 Twp. 11-S Rge. 33 XX East West

4950 ✓ Ft. North from Southeast Corner of Section

4290 ✓ Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

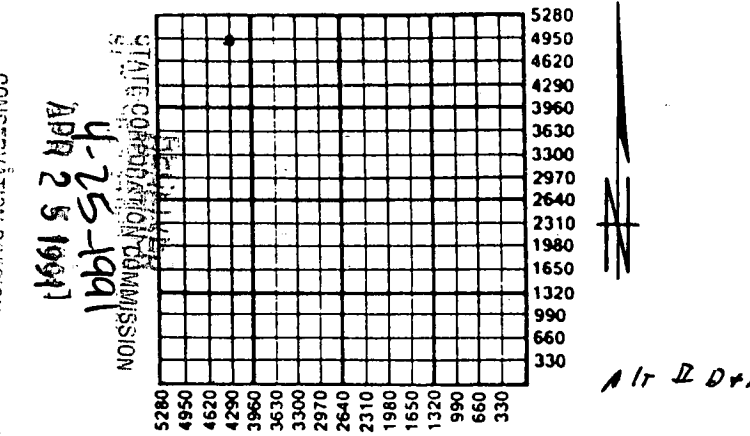
Lease Name HECKER ✓ Well # 1-9

Field Name unnamed

Producing Formation _____

Elevation: Ground 3130' KB 3135'

Total Depth 4759' PBD _____



Amount of Surface Pipe Set and Cemented at 334' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 _____

Title President, Jeffrey R. Wood Date 04-25-91

Subscribed and sworn to before me this 25th day of April, 19 91.

Notary Public Karri Wolken

Date Commission Expires December 21, 1991

K.C.C. OFFICE USE ONLY

F _____ Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Timelog Received

Distribution

KCC _____ SWD/Rep _____ NGPA

_____ KGS _____ Plug _____ Other (Specify)



SIDE TWO

Operator Name LANDMARK OIL EXPLORATION, INC. Lease Name HECKER Well # 1-9

Sec. 9 Twp. 11S Rge. 33 East County LOGAN
 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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 (Submit Copy.)	<p align="center">Formation Description</p> <p align="center"><input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample</p> <p>Name Top Bottom</p> <p>See Attached Driller's well log</p>
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DST #1 4228-4268 30-45-60-60. Rec. 1' oil; 560' wtr. FP 89-107/133-223#. SIP 1255/1255#.

DST #2 4257-4315 30-45-60-60. Rec. 45' cgo; 15'mo; 125'gas. FP 89-89/89-89#. SIP 1228/1309#.

DST #3 4371-4498 30-30-30-30. Rec. 65' wtr. FP 89-89/89-89#. SIP 1316/1207#.

DST #4 4612-4665 75-60-60-60. Rec. 1700'sosw. FP 89-446/636-715#. SIP 983/983#.

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
surface	12 1/4"	8 5/8"	19#	334'	60/40 Poz	220	2% Gel, 3% CC

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First Production _____ 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 Perforation Dually Completed Commingled

Other (Specify) _____

Production Interval _____