

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

Corrected

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5254
Name: MIDCO EXPLORATION, INC.
Address: 414 PLAZA DRIVE, SUITE 204
City/State/Zip: WESTMONT, IL 60559
Purchaser: ONEOK
Operator Contact Person: Earl J. Joyce, Jr.
Phone: () (630) 655-2198
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: None

Designate Type of Completion:
 New Well Re-Entry MA Workover
 Oil SWD SLOW 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. D-28223

<u>7/7/03</u>	<u>7/13/03</u>	<u>7/31/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

DISPOSAL DISCONTINUED 3/31/04

API No. 15 095-21842-0000
County: KINGMAN
SW NW NE SE Sec. 24 Twp. 28 S. R. 8 East West
2145 feet from (S) N (circle one) Line of Section
1155 feet from (E) W (circle one) Line of Section

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

Lease Name: Lindquist Well #: 5
Field Name: Garlisch

Producing Formation: Mississippi

Elevation: Ground: 1638' Kelly Bushing: 1646'

Total Depth: 4745' Plug Back Total Depth: 4350'

Amount of Surface Pipe Set and Cemented at 271 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)

Chloride content 19,000 ppm Fluid volume 750 bbls

Dewatering method used vacuumed and hauled

Location of fluid disposal if hauled offsite: _____

Operator Name: Wildcat Oil & Gas LLC

Lease Name: Dickson License No.: 31337

Quarter _____ Sec. 8 Twp. 31 S. R. 8 East West

County: Harper Docket No.: E-205673

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.

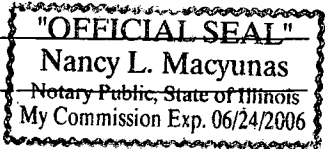
Signature: *Earl J. Joyce, Jr.*
Earl J. Joyce, Jr.

Title: Vice-President Date: 4/13/2004

Subscribed and sworn to before me this 13th day of April, 2004

Notary Public: Nancy L. Macyunas

Date Commission Expires: _____



NEW INFORMATION

KCC Office Use ONLY

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

RECEIVED
APR 19 2004

KCC WICHITA

Operator Name: MIDCO EXPLORATION, INC. Lease Name: LINDQUIST Well #: 5
 Sec. 24 Twp. 28 S. R. 8 East West County: KINGMAN

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Heebner	3120	-1476
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	3126	-1482
List All E. Logs Run:	Sonic Cement Bond Log	Lansing	3374	-1730
	Borehole Compensated Sonic	Hertha	3784	-2140
	Microresistivity	B/KC	3872	-2228
	Dual Compensated Porosity	Mississippi	4061	-2417
	Dual Induction	Kinderhook	4280	-2636
		Viola	4436	-2792
		Simpson	4448	-2804
		Arbuckle	4558	-2914

CASING RECORD <input type="checkbox"/> New <input 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	12 1/4"	8 5/8"	23#	271'	60/40 Poz	250	3%cc 2% gel
Production	7 7/8"	5 1/2"	15.5#	4575'	ASC	200	5#/sk kolseal

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	4062-68; 4070-72	500 gals mud acid	
2	4097-99		
	Arrow SET 1 flow packer @ 4530	Removed 4/2/04	
	open hole Arbuckle Treatment	1500 gals 20% HCL	
	Set CIBP		4350

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8"	4210			
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
			<input type="checkbox"/> Flowing <input checked="" 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	
		75	85			

Disposition of Gas: Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

RECEIVED
APR 19 2004
KCC WICHITA