

FORM MUST BE TYPED

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

Operator: License # 32034

Name: Hal C. Porter

Address 10004 W 20th St N

City/State/Zip Wichita KS 67212

Purchaser: Heritage Gas Cathering

Operator Contact Person: Hal Porter

Phone (316) 773-3808

Contractor: Name: Murfin Drilling Co. Inc.

License: 30606

Wellsite Geologist: Randy Killian

Designate Type of Completion
 New Well Re-Entry Workover

Oil SMD SLOW 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/SMD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SMD or Inj?) Docket No. _____

3/21/99 3/24/99 6/15/99
Spud Date Date Reached TD Completion Date

API NO. 15- 071-20704-0000

County Greeley

S/2-SE/4 NE/4 Sec. 26 Twp. 18S Rge. 40 X ^E _W

2310 Feet from S/N (circle one) Line of Section

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

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

Lease Name Pringle Ranch Well # 1

Field Name Bradshaw

Producing Formation Towanda

Elevation: Ground 3535 KB 3544

Total Depth 2928 PBTD 2915

Amount of Surface Pipe Set and Cemented at 265 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2928

feet depth to surface w/ 450 ax cat.

Drilling Fluid Management Plan AH-2, 7-7-99 U.C.
(Data must be collected from the Reserve Pft)

Chloride content 53,000 ppm Fluid volume 160 bbls

Dewatering method used Haul off

Location of fluid disposal if hauled offsite:

Operator Name Gamma Resources, Inc.

Lease Name Claypool #1-10 SWD license No. 8076

Quarter 10 Sec. 10 Twp. 17S S Rng. 40W E/W

County Greeley Docket No. D-24590

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.

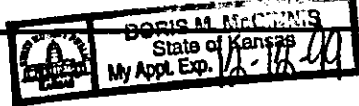
Signature Hal C. Porter

Title Operator Date 7/17/99

Subscribed and sworn to before me this 17th day of July 1999.

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 SMD/Rep NGPA
 KGS Plug Other
(Specify)

ORIGINAL

SIDE TWO

Operator Name Hal C. Porter

Lease Name Pringle Ranch Well # 1

Sec. 26 Twp. 18S Rge. 40
 East
 West

County Greeley

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.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Compensated Density Neutron Density

Gamma Ray Correlation Cement Bond

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Anhydrite SC	2493	+1031
Winfield	2836	+710
Towanda	2867	+677
TD	2928	+616

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	20#	265	poxmix	190	2% gel
Production	7-7/8	4-1/2	10.5#	2927	SMDS	450	see ticket
see sement ticket for details. Cemented to surface. Cement did circulate.							

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
1	2873-79; 2885-91	1000 gal acid; Gel Frac	2891

TUBING RECORD

Size 2-2/8 OD Set At 2897 Packer At _____

Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. 6/15/99

Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		200	60		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

JOB LOG

SWIFT Services, Inc.

ORIGINAL

DATE 3-24-99 PAGE NO. 1

CUSTOMER Imperial America Factor WELL NO. 1 LEASE Pringle JOB TYPE Longstring TICKET NO. 1165

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0315							Called out
	0745							On Location
	0800							2nd Csg Run Guide Shoe, insert float w/ fill on top of shoe st. Centralizers on top of shoe joint, collars 1, 3, 13
								Scratchers every 10' From 1/2 way on 1st joint 2 on 1st st 3 on 2nd st 2 on 3rd st
								Csg on bottom
								Circ w/ mud
	1035	5						Finish Circ
		6						3TCMT 300 SKS 500 Gal mud flush
								20 BBL ClaFix water, 350 SKS SMDs
								CMT w/ 2%CC, 1/4# floate mixed at 11.2#
								100 SKS SMDs CMT w/ 2%CC, 2#SK
								600 Stop, 5#SK Coalesce, 1/4#SK floate, 0.3%CFR-2
		5					300	Finish cmt washout pump lines
	1135							Release Plug Displace
	1145						1200	47BBL Plug Down Held
								Circulated 25 SKS CMT to Pit ✓
								WITNESSES:
								Jerry Quikel Swift Services
								Hal Portner, Operator
								Ed McRae, Inspector

RECEIVED
STATE RECORDATION DIVISION

JUL - 7 1999

CONSERVATION DIVISION
Wichita, Kansas



CHARGE TO: Imperial American oil Hal C. Porter
 ADDRESS:
 CITY, STATE, ZIP CODE: Wichita, KS

ORIGINAL

TICKET No 1165

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Ness City</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Pringo</u>	COUNTY/PARISH <u>Grady</u>	STATE <u>KS</u>	CITY	DATE <u>3-24-99</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME NO. <u>MURFID</u>	SHIPPED VIA	DELIVERED TO <u>N.E. Tribune KS</u>	ORDER NO.	
3.	WELL TYPE <u>Gas</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Long string</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

RECEIVED
 JUL - 7 1999
 OBSERVATION DIVISION
 Wichita, Kansas

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	60	mi			2.00	120.00
578		1			Pump Charge	2924	FT				1200.00
400		1			Guide shoe	1	EA	4 1/2	IN		65.00
401		1			INSERT float w/ fill	1	EA	"	"		95.00
402		1			Centralizers	4	EA	"	"	30.00	120.00
403		1			Cement Basket	1	EA	"	"	100.00	200.00
		1			Recipe Scratchers	7	EA	"	"	30.00	210.00
410		1			Top PLUG	1	EA	4 1/2	IN		35.00
281		1			MUDFLUSH	500	Gal			50	250.00
221		1			CHIFFIT Liquid Ch KCL	262				19.00	38.00
					Continuation sheet						6951.57

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Hal Porter

DATE SIGNED 3-24-99 TIME SIGNED 0300 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	9284.57
10% Discount	
BID Price	8356.11
TAX	
TOTAL	

ORIGINAL

JOB LOG

SWIFT Services, Inc.

ORIGINAL

DATE 3-21-99 PAGE NO. 1

CUSTOMER Imperial American	WELL NO. 1	LEASE Pringb	JOB TYPE Surface	TICKET NO. 1163
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	15 00							On Location Setup TRK + Discuss Job
	15 20							Rig Pulling D.P. TD 265
	15 55							Run 265' 8 5/8" 20# CSG including 12' Landing It
	16 10							CSG on bottom hook up + circ
	16 18	5					200	Finish circ hook up to CMT
	16 19	5	44 BBL				0	ST mixing 190 SKS 60/40 2% Gel, 3% CC
	16 20	5					0	finish CMT
	16 25		16 1/4 BBL				100	Release Top Plug + ST Disp
	16 25							Plug Down 16.3 BBL Disp.
								CMT DID CIRC ✓
								Close in CSG
								Job Complete

Thanks Lenny
Ted
Wayne

RECEIVED
STATE CORPORATION COMMISSION

JUL - 7 1999

CONSERVATION DIVISION
Wichita, Kansas



CHARGE TO: *Imperial American Oil/Corp. Hal C. Porter*

ADDRESS: *10004 W 20th N*

CITY, STATE, ZIP CODE: *Wichita, KS 67212*

TICKET No 1163

ORIGINAL

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Ness City</i>	WELL/PROJECT NO. <i>1</i>	LEASE <i>Pringle</i>	COUNTY/PARISH <i>Greely</i>	STATE <i>Ks</i>	CITY	DATE <i>3-21-99</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR		RIG NAME/NO. <i>MURFIN</i>	SHIPPED VIA <i>184</i>	DELIVERED TO <i>E Tribune KJ</i>	ORDER NO.
3.	WELL TYPE <i>Gas</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>SURFACE</i>		WELL PERMIT NO.	WELL LOCATION <i>26-18^s-40^w</i>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE 104</i>	<i>60</i>	<i>mi</i>			<i>2.00</i>	<i>120.00</i>
<i>576</i>		<i>1</i>			<i>Pump charge</i>	<i>265</i>	<i>FT</i>				<i>450.00</i>
<i>326</i>		<i>1</i>			<i>60/40 P02</i>	<i>190</i>	<i>BKS</i>			<i>5.00</i>	<i>950.00</i>
<i>278</i>		<i>1</i>			<i>Calcium Chloride</i>	<i>5</i>	<i>SKS</i>			<i>25.00</i>	<i>125.00</i>
<i>410</i>		<i>1</i>			<i>TOP Plug</i>	<i>1</i>	<i>EA</i>	<i>8⁵/₁₆ IN</i>			<i>56.00</i>
<i>581</i>		<i>1</i>			<i>Bulk Service Charge</i>	<i>190</i>	<i>CUR</i>			<i>1.00</i>	<i>190.00</i>
<i>583</i>		<i>1</i>			<i>Drayage</i>	<i>480.99</i>		<i>Ton Mile</i>		<i>.75</i>	<i>360.74</i>

RECEIVED
MARCH 27 1999
OPERATIONAL DIVISION
Wichita, Kansas

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Lousa McRanna

DATE SIGNED: *3-21-99* TIME SIGNED: *1600*

A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>2251.74</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>10% Discount</i>	<i>BD PRKE</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	<i>71.08</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	<i>2097.65</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					