

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONFIDENTIAL

Operator: License# : 32179
Name: Hollis R. Sullivan, Inc.
Address: P. O. Box 2506
City/State/Zip: Wichita Falls, TX 76307
Purchaser: _____
Operator Contact Person: S. L. Mowrey
Phone: (940) 322-8963
Contractor: Name: Murfin Drilling Company, Inc.
License: 30606
Wellsite Geologist: _____

API No. 15 - 071-20721-0000
County: Greeley
NE - SW - SW - Sec. 8 Twp. 18 S. R. 42 East West

1300 feet from S W (circle one) Line of Section
1300 feet from S W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Steele Well #: 1

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 Dry Temp. Abd.
 Other (Core, WSW, Expl., Cathodic, etc.)

Producing Formation: _____
Elevation: Ground: 3854' Kelly Bushing: 3864'
Total Depth: 5350' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 300 Feet

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

If Alternate II completion, cement circulated from PLUGGED
feet depth to _____ w/ KCC sx cmt.

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 of Enhr.?) Docket No. _____

Drilling Fluid Management Plan ALTB PEA FEB 25 2000
(Data must be collected from the Reserve Pit) **CONFIDENTIAL** bbls

Chloride content _____ ppm Fluid volume _____
Dewatering method used EVAPORATION OF PITS

01/10/00 01/18/00 01/19/00
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____
Quarter - - Sec. Twp. S R. East West
County: _____ Docket: _____

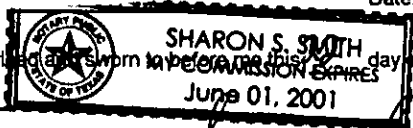
RECEIVED
STATE CORPORATION COMMISSION
FEB 25 2000
WICHITA, KANSAS
CONSERVATION DIVISION

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, with 120 day 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-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: Hollis R. Sullivan

Title: PRESIDENT Date: 2/15/00

Subscribed and sworn to before me this February day of 2000


Notary Public: Sharon S. Smith
Date Commission Expires: 6-1-01

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: RELEASED

Wireline Log Received

Geologist Report Received MAY 08 2001

UIC Distribution

FROM CONFIDENTIAL

Side Two

Operator Name: Hollis R. Sullivan, Inc. Lease Name: Steele Well # 1

Sec. 8 Twp. 18 S. R. 42 East West County: Greeley

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 opened 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 a copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Set to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	WOLFCAMP	3144	+720
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NEUA	3454	+410
List All E. Logs Run:	DUAL ✓ DENSITY NEUTRON ✓ MICROLOG ✓	TOPEKA	3776	+88
		SHACONEE	3855	-21
		LANSING	3984	-120
		MARMATON	4523	-659
		MARMATC	4586	-722
		CHEROKEE	4700	-836
		ATOKA	4900	-1036
		MORROW SS	5110	-1246
		MISSISSIPPI LM	5200	-1336

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all string 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		8 5/8"	24#	300'	Comm	200	3 % CC, 2 % Gel

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or Enhr.			Producing Method					
			<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.	Gas-Oil Ratio	Gravity			

Deposition of Gas Venting Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

(If vented, Submit ACO-18.)

