

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

API NO. 15- 051-24997 0000

County NEE FLLIN

NE - SW - NW Sec. 27 Twp. 14S Rge. 17W X^E_V

1650 Feet from S(circle one) Line of Section
990 Feet from E(circle one) Line of Section

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

Lease Name Herl Well # 1-27

Field Name Herl

Producing Formation None

Elevation: Ground 1968 KB 1976

Total Depth 3522 PBDT

Amount of Surface Pipe Set and Cemented at 221.14 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

Drilling Fluid Management Plan PHA 2-26-99 UC
(Data must be collected from the Reserve Pit)

Chloride content 12,000 ppm Fluid volume 400 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. _____

Operator: License # 32369

Name: DELBERT GROSS DBA NIKKI OIL

Address 1729 Agnes Drive

City/State/Zip Hays, Kansas 67601

Purchaser: _____

Operator Contact Person: Ron Nelson

Phone (785) 628-3449

Contractor: Name: Discovery Drilling Inc.

License: 31548

Wellsite Geologist: Ron Nelson

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

Oil _____ SWD _____ SIGW _____ Temp. Abd.

Gas _____ ENHR _____ SIGW _____

X Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____

Plug Back _____ PBDT _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) Docket No. _____

10/22/98 10/27/98 10/27/98

Spud Date Date Reached TD Completion Date

KANSAS CORPORATION COMMISSION
Wichita, Kansas

KANSAS CORPORATION COMMISSION
Wichita, Kansas
628-3449

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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.

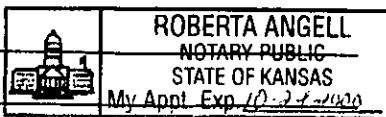
Signature Delbert P. Gross

Title OWNER Date 2-10-99

Subscribed and sworn to before me this 10th day of February 19 99.

Notary Public Roberta Angell

Date Commission Expires: 10-24-2000



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

2 COPIES
2 NOTARIZED

ORIGINAL

SIDE TWO

Operator Name DELBERT GROSS a NIKKI OIL Lease Name Herl Well # 1-27

Sec. 27 Twp. 14S Rge. 17W East West County ELLIS

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 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	Top Anhydrite	1131	+845
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Anhydrite	1169	+807
List All E.Logs Run:	DST #1 3501-3522	Topeka	2945	-969
	30"-30"-30"-0"	Hebner	3198	-1222
	IFP 11-11	Toronto	3218	-1242
	FFP 11-11	LKC	3249	-1269
	S/P 887	BKC	3477	-1501
	HP 1712-1712	Arbuckle	3500	-1524

REC. 1' Clean oil, 9' Murphy oil

CASING RECORD <input checked="" 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 Pipe	12 1/4	8 5/8	20	221.12	60/40Poz	145	2%Gel&3%CC

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		Acid, Fracture, Shot, Cement Squeeze Record	
	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

Date of First, Resumed Production, SVD or Inj. <u>P&A</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>N-A</u> 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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., INC. 1761

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

15-051-24997-00-00 SERVICE POINT: R

DATE <u>10/27/98</u>	SEC <u>27</u>	TWP <u>14</u>	RANGE <u>17</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>11:30 PM</u>
LEASE <u>1-hor</u>	WELL # <u>1-27</u>	LOCATION <u>Toulon old 40 2E 2N 9</u>	COUNTY <u>Ellis</u>	STATE <u>KS</u>	E3		
(OLD OR NEW) Circle one							

CONTRACTOR Discount Dry Rig L OWNER _____

TYPE OF JOB Plug

HOLE SIZE 7 1/2 T.D. 3522

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 180 60 6% gel

14.16 lbs used per sk

COMMON	<u>108</u>	@	<u>6.35</u>	<u>685.80</u>
POZMIX	<u>72</u>	@	<u>3.25</u>	<u>234.00</u>
GEL	<u>9</u>	@	<u>9.00</u>	<u>81.00</u>
CHLORIDE	<u>450</u>	@	<u>1.15</u>	<u>517.50</u>
HANDLING	<u>108</u>	@	<u>1.89</u>	<u>204.12</u>
MILEAGE	<u>44</u>	@	<u>1.50</u>	<u>66.00</u>
				TOTAL <u>1346.85</u>

EQUIPMENT

345 Dave

PUMP TRUCK CEMENTER (used)

* HELPER _____

BULK TRUCK DRIVER _____

DRIVER Jerald

REMARKS:

25 sk @ 1150

80 @ 550

40 @ 275

10 @ 40 WK Plug

10 mouse hole

15 Rust hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 470.00

EXTRA FOOTAGE @ _____

MILEAGE 9 @ 2.85 25.65

PLUG 88 Dry Hole @ 23.00

TOTAL 518.65

CHARGE TO Delbert Gross Dba Nikki O.P

STREET 5729 9th

CITY Hays STATE Kansas ZIP 67601

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 Tom AL

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____