

ORIGINAL
SIDE ONE

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

API NO. 15- 071-20,530-00-00

County GREELEY
~~NW~~ ^{N2} NW NW Sec. 30 Twp. 17S Rge. 42 XX East West

Operator: License # 04373

4950 Ft. North from Southeast Corner of Section

Name: DOWNING - NELSON OIL CO.

~~4950~~ 4590 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Address P.O. Box 372

Lease Name OWEN Well # A #1

City/State/Zip HAYS, KS 67601

Field Name WILDCAT

Purchaser: NONE

Producing Formation NONE

Operator Contact Person: RON NELSON

Elevation: Ground 3864 KB 3872

Phone (913) 628-3449

Total Depth 250 PBDT -

Contractor: Name: EMPHASIS OIL OPERATIONS

License: 8241

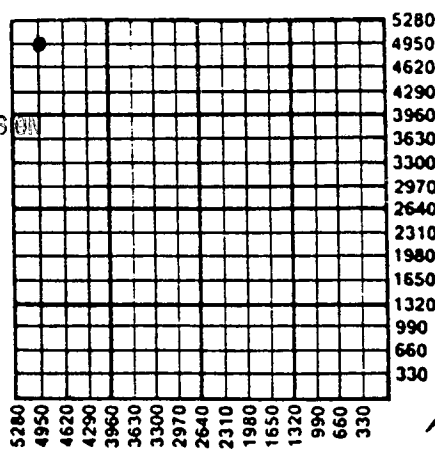
RECEIVED
STATE CORPORATION COMMISSION

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD XXXX Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

NOV 18 1991
11-18-1991
Wichita, Kansas



Surface Set
Not Drilled out

If OWMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

7-28-90 7-28-90 TA'd 12-7-90

Spud Date Date Reached TD Completion Date

Amount of Surface Pipe Set and Cemented at 250 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from n/a

feet depth to n/a w/ n/a 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 Ron Nelson

Title Partner Date 11/13/91

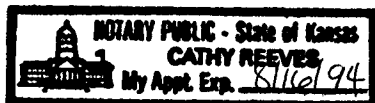
Subscribed and sworn to before me this 13th day of November, 19 91.

Notary Public Cathy Reeves

Date Commission Expires August 16, 1994

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 DOWNING - NELSON OIL CO.

Lease Name OWEN

Well # A #1

Sec. 30 Twp. 17S Rge. 42

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.)

Formation Description

Log Sample

Name _____ Top _____ Bottom _____

NONE

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 3/4	8 5/8	20#	250	60-40 poz	175	CC 3%

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
			Depth
	NONE		

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production	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

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 _____

