

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- 071-20,517-00-00

County Greeley

NW NW SE Sec. 28 Twp. 16S Rge. 42 East West

2310 Ft. North from Southeast Corner of Section

2310 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Woman Creek Well # 1

Field Name Woman Creek

Producing Formation _____

Elevation: Ground 3819 KB 3824

Total Depth 5180 PBTD _____

Operator: License # 3007

Name: Western Kansas Exploration, Inc.

Address Box 126

City/State/Zip Hays, KS 67601

Purchaser: _____

Operator Contact Person: Stan Younger

Phone (913) 628-2296

Contractor: Name: Western Ks. Drilling

License: 4083

Wellsite Geologist: Randall Kilian

Designate Type of Completion
 New Well _____ Re-Entry _____ Workover

_____ Oil _____ SWD _____ Temp. Abd.

_____ Gas _____ Inj _____ Delayed Comp.

Dry _____ Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:
Operator: _____

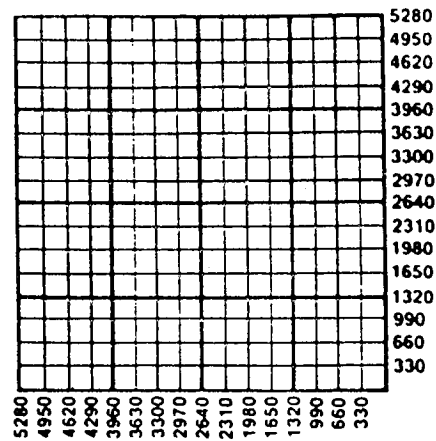
Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary _____ Air Rotary _____ Cable

7-10-90 7-19-90 7-19-90

Spud Date Date Reached TD Completion Date



Alt II DFB

Amount of Surface Pipe Set and Cemented at 371 w/190 sx 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.

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 Randall Kilian

Title wellsite geologist Date 9-24-90

Subscribed and sworn to before me this 24th day of September, 1990.

Notary Public Karen Younger

Date Commission Expires 7-7-91

KAREN YOUNGER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-7-91

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C Wireline Log Received
C Driller's Time Log Received
DISTRIBUTION
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plog _____ Other _____
(Specify)
SEP 25 1990

CONSERVATION DIVISION
Wichita, Kansas
Form ACO-1 (7-89)

09-25-90

SIDE TWO

Operator Name Western Kansas Exploration Lease Name Woman Creek Well # 1

Sec. 28 Twp. 16S 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST #1 Mr. Sd. 4958-5043' 30"-60"-90"-120" 250' Mud, S.O. 250+ Water FP-83-104, 145-249#	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Bottom</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td>Anh</td> <td>2663</td> <td>Up Mr. Sd</td> <td>4998</td> <td>-11'</td> <td></td> </tr> <tr> <td>Topeka</td> <td>3842</td> <td>Keyes</td> <td>5095</td> <td></td> <td></td> </tr> <tr> <td>Heebner</td> <td>4068</td> <td>Miss.</td> <td>5180</td> <td></td> <td></td> </tr> <tr> <td>Toronto</td> <td>4096</td> <td>RTD</td> <td>5180</td> <td></td> <td></td> </tr> <tr> <td>Lans</td> <td>4132</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BKC</td> <td>4495</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mn</td> <td>4554</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cherokee</td> <td>4713</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Atoka</td> <td>4832</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mr. Sd</td> <td>4980</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Name	Top	Bottom				Anh	2663	Up Mr. Sd	4998	-11'		Topeka	3842	Keyes	5095			Heebner	4068	Miss.	5180			Toronto	4096	RTD	5180			Lans	4132					BKC	4495					Mn	4554					Cherokee	4713					Atoka	4832					Mr. Sd	4980				
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Sip 1050-1060# **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"		371	40/60 Poz.	190 sk	

Shots Per Foot	PERFORATION RECORD 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 Yes 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 _____
 D & A _____