

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

Operator: License # 8541 **ORIGINAL**
Name: Petex, Inc.
Address 4175 S. Farm Rd 193
City/State/Zip Rogersville, MO 65742

Purchaser: _____
Operator Contact Person: Larry Childress
Phone (417) 887-1225

Contractor: Name: Abercrombie RTD., Inc.
License: 30684

Wellsite Geologist: TOM L. FUNK

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

If Workover:
Operator: N/A **RELEASED**
Well Name: JAN 29 1999
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf Conv. to Inj/SWD
 Plug Back _____ PBTB
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
11-03-97 11-12-97 11-13-97
Spud Date Date Reached TD Completion Date

API NO. 15- 199-20,258 -00-00
County Wallace plugged 11/12/97
NW - NW - SW - _____ Sec. 20 Twp. 15S Rge. 41 ^E_W
2310 Feet from N (circle one) Line of Section
330 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Akers Well # 1
Field Name WC
Producing Formation None
Elevation: Ground 3812' KB 3817'
Total Depth 5175' PBTB _____
Amount of Surface Pipe Set and Cemented at 359.97 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 cnt.

Drilling Fluid Management Plan DAA JK 7-10-98
(Data must be collected from the Reserve Pit)
Chloride content 18,000 ppm Fluid volume 4600 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name DEC License No. _____
_____ quarter Sec. _____ Twp. _____ S Rng. _____ E/W
County CONFIDENTIAL Docket No. _____

RECEIVED
KANSAS CORP COM
JAN 11 1999
12-04-97

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 Larry Childress
Title President Date 12/2/97
Subscribed and sworn to before me this 2nd day of December, 19 97.
Notary Public Peggy Steelman
Date Commission Expires 2/29/99

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

Operator Name Petex, Inc. Lease Name Akers Well # 1

Sec. 20 Twp. 15S Rge. 41 East West
 County Wallace

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	anhydrite	2759	+1058
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	b/anhydrite	2789	+1032
List All E.Logs Run:	DUAL INDUCTION COMPENSATED DENSITY	heebner	4131	-314
		lansing	4235	-418
		cherokee-sh	4752	-935
		atoka	4856	-1039
		morrow sh	4989	-1172
		upper morrow sd	5011	-1194
		keyes lime	5099	-1282
		miss	5130	-1322

CASING RECORD <input 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	12 1/4"	8 5/8"	24#	359.97	60/40 pos	260	2% gel, 3% cc 1/4# flosea

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				

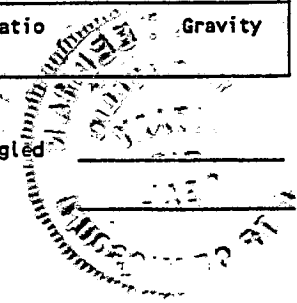
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj:			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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity

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. 8573

Federal Tax I.D. #

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

SERVICE POINT: Oakley

ORIGINAL

DATE <u>11-12-97</u>	SEC. <u>20</u>	TWP. <u>15</u>	RANGE <u>41W</u>	CALLED OUT	ON LOCATION <u>11:15 PM</u>	JOB START <u>12:30 AM</u>	JOB FINISH <u>5:00 AM</u>
LEASE <u>AKers</u>	WELL # <u>1</u>	LOCATION <u>Weskan 3E 105</u>			COUNTY <u>Weskan</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Abercrombie RTD Rig 4

TYPE OF JOB PTA

HOLE SIZE 7 1/4 T.D. 5175

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH 2775'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER same JAN 29 1999

CEMENT FROM CONFIDENTIAL

AMOUNT ORDERED 190 sks by 40 Per
6 1/2 gal 3/4" Fla 500

EQUIPMENT

PUMP TRUCK CEMENTER Dean

191 HELPER Jeff

BULK TRUCK

212 DRIVER Andrew

BULK TRUCK

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE 2 @ _____

DEC 2 @ _____

CONFIDENTIAL @ _____

HANDLING @ _____

MILEAGE @ _____

REMARKS:

1st Plug at 2775' w/ 25 sks

2nd Plug at 1260' w/ 100 sks

3rd Plug at 410' w/ 40 sks

40' Plug w/ 10 sks

Rat Hole 15 sks

DEPTH OF JOB 2775'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG Dry Hole @ _____

CHARGE TO: Petey Inc

STREET _____

CITY _____ STATE _____ ZIP _____

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.

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Walter D. Brown

Walter D. Brown
PRINTED NAME

RECEIVED
 CONFIDENTIAL
 JAN 29 1999

