

ORIGINAL ORIGINAL

SIDE ONE

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

Operator: License # 3317
Name: Beard Oil Company
Address 5600 North May Avenue
Suite 200
City/State/Zip Oklahoma City, OK 73112

Purchaser: _____
Operator Contact Person: Ivan Allred, Jr.
Phone (405) 842-2333

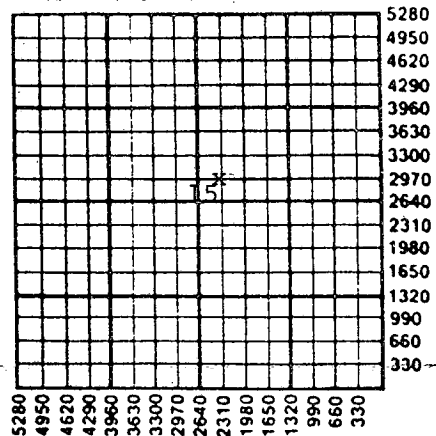
Contractor: Name: Murfin Drilling Company
License: 6033
Wellsite Geologist: Joseph J. Bruns

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
12-08-89 12-16-89 12-19-89
Spud Date Date Reached TD Completion Date

API NO. 15- 071-20,487-000 Plug 12-19-89
County Greeley
SW SW NE Sec. 15 Twp. 16S Rge. 42W East West
2970 Ft. North from Southeast Corner of Section
2310 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Young Well # 2-15
Field Name Wildcat
Producing Formation None - Dry Hole
Elevation: Ground 3807 KB 3812
Total Depth 5300 PBDT _____



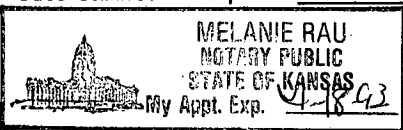
Amount of Surface Pipe Set and Cemented at 396 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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 [Signature]
Title Jack E. Goss, Drilling Manager Date 1-12-90
Subscribed and sworn to before me this 12th day of January, 19 90.
Notary Public Melanie Rau
Melanie Rau
Date Commission Expires 4-18-93

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



ORIGINAL

SIDE TWO

Operator Name Beard Oil Company Lease Name Young Well # 2-15

Sec. 15 Twp. 16S Rge. 42W 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.) Attached

Formation Description		
Name	Top	Bottom
Heebner	4068	
Lansing	4176	
Marmaton	4512	
Cherokee	4716	
Atoka	4832	
Morrow Zone	4998	
Keyes	5078	
Mississippi	5140	
Total Depth	5300	

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"		396	Lite	125	2% CC
					Common	75	2% CC

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 N O N E Producing Method Flowing Pumping Gas Lift 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 _____