

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

Operator: License # 31844

Name: Deka Exploration, Inc.

Address P O Box 14057

City/State/Zip Oklahoma City, Ok. 73113

Purchaser: _____

Operator Contact Person: James L. Nondorf

Phone (405) 749-0004

Contractor: Name: Abercromble RTD, Inc.

License: 30684

Wellsite Geologist: _____

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:

RECEIVED
STATE CORPORATION COMMISSION
N/A 07-10-1998
JUL 10 1998

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to INJ/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

05-29-98 06-06-98 06-07-98
Spud Date Date Reached TD Completion Date

API NO. 15- 199-20,276-0000 ORIGINAL

County Wallace

- SW - SW - SE Sec. 15 Twp. 14 Rge. 42 ^E _W

330 Feet from (S)N (circle one) Line of Section

2284 Feet from (E)W (circle one) Line of Section

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

Lease Name Elaine Welsh Trust Well # 1-15

Field Name Wildcat

Producing Formation None

Elevation: Ground 3820' KB 3825'

Total Depth 5200' PBTD _____

Amount of Surface Pipe Set and Cemented at 484.17 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.

Drilling Fluid Management Plan D+A, 7-17-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 1300 ppm Fluid volume 1200 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. _____

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 James L. Nondorf

Title Manager of DEKA Exploration Date 7-8-98

Subscribed and sworn to before me this 8 day of July 19 98.

Notary Public Ronald W. Jacobs

Date Commission Expires 5-7-99

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)

SIDE TWO

Operator Name Deka Exploration, Inc. Lease Name Elaine Welsh Trust Well # 1-15
 Sec. 15 Twp. 14 Rge. 42 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Base Anhy	2831'
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	4135'
List All E.Logs Run:		Toronto	4164'
<i>Dual Induction</i>		Lansing	4227'
<i>Compensated Density Neutron</i>		Marmaton	4580'
		Cherokee Shale	4740'
		Atoka	4856'
		Morrow Shale	4999'
		Morrow Lime	5083'
		Miss.	5137'
			TD 5200'

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	12 1/2"	8 5/8"	24#	484.17'	60/40pos	325	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, 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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	

D+A
N-A

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 8106

Federal Tax I.D.#

OFFICE P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

ORIGINAL

15-199-20276-00-00 OAKLEY

DATE <u>6-7-98</u>	SEC. <u>15</u>	TWP. <u>14S</u>	RANGE <u>42W</u>	CALLED OUT	ON LOCATION <u>12:00 AM</u>	JOB START <u>1:00 AM</u>	JOB FINISH <u>5:15 AM</u>
LEASE <u>FLAME TRUST</u>	WELL # <u>1-15</u>	LOCATION <u>WES KAN 2 1/2 S - 1/2 W - N1/4</u>		COUNTY <u>WALLACE</u>	STATE <u>KS</u>		

OLD OR NEW (Circle one)

CONTRACTOR ABERCROMBIE DTD REG #4 OWNER SAME

TYPE OF JOB PTA

HOLE SIZE 7 3/8" T.D. 5200'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 2800'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT	AMOUNT ORDERED	<u>190 SK 60/1002 67.6 SK # F10 SEAL</u>
COMMON	<u>114 SK</u>	@ <u>7.55</u> <u>860.70</u>
POZ MIX	<u>76 SK</u>	@ <u>3.25</u> <u>247.50</u>
GEL	<u>10 SK</u>	@ <u>9.50</u> <u>95.00</u>
CHLORIDE		@ _____
F/D-SEAL	<u>48#</u>	@ <u>1.15</u> <u>55.20</u>
		@ _____
		@ _____
		@ _____
		@ _____
HANDLING	<u>190 SK</u>	@ <u>1.05</u> <u>199.50</u>
MILEAGE	<u>0.4 PEP SK / MILE</u>	<u>509.20</u>
TOTAL		<u>1966.60</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK DRIVER ANDREW

218 DRIVER _____

REMARKS:

25 SK AT 2800'

100 SK AT 1870'

40 SK AT 720'

10 SK AT 40'

15 SK Rat Hole

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>580.00</u>
EXTRA FOOTAGE	@ _____	
MILEAGE	<u>67.7 MILE</u>	@ <u>2.80</u> <u>190.76</u>
PLUG	<u>8 5/8 DRY HOLE</u>	@ _____ <u>23.00</u>
	@ _____	
	@ _____	
TOTAL		<u>7793.95</u>

CHARGE TO: DEKA EXP, INC.

STREET Box 14057

CITY Wichita STATE OK ZIP 73113

FLOAT EQUIPMENT

	@ _____	
	@ _____	
	@ _____	
	@ _____	
	@ _____	
TOTAL		_____

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 [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Bill Abercrombie

ALLIED CEMENTING CO., INC.

8101

Federal Tax I.D.#

P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT:

15-199-20276-00-00 OAKLEY

DATE <u>5-29-98</u>	SFC. <u>15</u>	TWP. <u>14S</u>	RANGE <u>42W</u>	CALLED OUT	ON LOCATION <u>11:00AM</u>	JOB START <u>12:15AM</u>	JOB FINISH <u>12:45AM</u>
LEASE <u>THE WELSH TRUST</u>		WELL # <u>1-15</u>	LOCATION <u>WESKAN 23/45 1/2 W - N INTO</u>	COUNTY <u>WALLACE</u>	STATE <u>KS</u>		

CONTRACTOR ABERCROMBIE ATO REG #4

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4" T.D. 485'

CASING SIZE 8 5/8" DEPTH 481'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 29 1/2 BBL.

OWNER SAME

CEMENT

AMOUNT ORDERED 325 SK 60/40002 38CC 286EL

COMMON	<u>195 SKs</u>	@ <u>7.55</u>	<u>1472.25</u>
POZ MIX	<u>130 SKs</u>	@ <u>3.25</u>	<u>422.50</u>
GEL	<u>6 SKs</u>	@ <u>9.50</u>	<u>57.00</u>
CHLORIDE	<u>115 Ks</u>	@ <u>2.80</u>	<u>308.00</u>
HANDLING	<u>325 SKs</u>	@ <u>1.25</u>	<u>341.25</u>
MILEAGE	<u>Old per sk/mile</u>		<u>871.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK

280 DRIVER LOANER

BULK TRUCK

DRIVER

RECEIVED STATE CORPORATION COMMISSION TOTAL 3472.00

REMARKS:

CEMENT DIA CIRC. ✓

THANK YOU

JUL 10 1998 SERVICE

CONSERVATION DIVISION
Wichita, Kansas

DEPTH OF JOB	<u>481'</u>		
PUMP TRUCK CHARGE			<u>470.00</u>
EXTRA FOOTAGE	<u>181'</u>	@ <u>43</u>	<u>77.83</u>
MILEAGE	<u>67</u>	@ <u>2.80</u>	<u>190.60</u>
PLUG	<u>8 5/8 SURFACE</u>	@	<u>45.00</u>

TOTAL 783.78

CHARGE TO: DEKA EXP, INC.

STREET Road 14057

CITY Ocala City STATE Ocala ZIP 32133

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Ar buckle

PRINTED NAME Bill Ar buckle