

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

Operator: License # 32199

Name: Flex Systems Inc.

Address P.O. Box 730

City/State/Zip Forney TX 75126

Purchaser: NONE

Operator Contact Person: James R. Arnold

Phone (972) 552-9004

Contractor: Name: Cheyenne #5

License: 5382

Wellsite Geologist: NONE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator:

Well Name:

Comp. Date Old Total Depth

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

05-21-98 05-24-98 06-25-98
Spud Date Date Reached TD Completion Date

API NO. 15- 071-206900000

County Greeley

C-SW- Sec. 23 Twp. 17S Rge. 40W X E

1320 Feet from S/N (circle one) Line of Section

1320 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 Wear Trust Well # 1

Field Name Byerly

Producing Formation Chase

Elevation: Ground 3588 KB 3598

Total Depth 3080 PBSD 3062

Amount of Surface Pipe Set and Cemented at 263 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set Feet

If Alternate II completion, cement circulated from TD

feet depth to Surface w/ 165 sx cmt.

Drilling Fluid Management Plan AH-2 11-30-98 UIC
(Data must be collected from the Reserve Pit)

Chloride content ppm Fluid volume 1230 bbls

Dewatering method used Hauled

Location of fluid disposal if hauled offsite:

Operator Name Gamm Resources Inc.

Lease Name Claypool # 1-10 License No. 8076

SW Quarter Sec. 10 Twp. 17S S Rng. 40W E

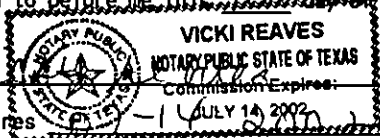
County Greeley Docket No. D-24590

ORIGINAL

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 *[Signature]*
Title President Date 11-10-98
Subscribed and sworn to before me this 10th day of Nov 1998.
Notary Public VICKI REAVES
Date Commission Expires JULY 14, 2002



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

15-071-20690-00-00

Operator Name Flex Systems, Inc. Lease Name Wear Trust Well # 1

Sec. 23 Twp. 17S Rge. 40 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 (Attach Additional Sheets.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fort Riley | 2952 | (+646) |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Florence | 2976 | (+622) |
| List All E.Logs Run: | | Mat Feild Shale | 2996 | (+602) |
| Cement Bond Log | | TD | 3080 | (+512) |
| Neutron Density Log | | ORIGINAL | | |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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 | 20 | 263 | 60/49POZ | 165 | 2XGEL 3XCC |
| Production | 7 7/8 | 4 1/2 | 9 1/2 | 3062 | LITE | 525 | 8XGEL |
| | | | | | | | |

| 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 |
|----------------|---|---|-------|
| 2 | 2953 to 2958 | 750 GAL 15% ACID | |
| 2 | 2968 to 2971 | 15000 GAL GELLED WATER | |
| | | 10000 # SAND | |

| | | | | | | |
|--|---|--------------------|-----------------------|---|---------------|---------|
| TUBING RECORD | Size <u>2 3/8</u> | Set At <u>2987</u> | Packer At <u>NONE</u> | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Date of First, Resumed Production, SWD or Inj. NONE | 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 SIGN | Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |

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

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____

ALLIED CEMENTING CO., INC. 7895

Federal Tax I.D.#

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

ORIGINAL

15-071-20690-0002 *Oakley*

SERVICE POINT:

| | | | | | | | |
|-------------------------|----------------|-----------------|-----------------------------------|------------|----------------------------|--------------------------|---------------------------|
| DATE <u>5-24-98</u> | SEC. <u>23</u> | TWP. <u>17s</u> | RANGE <u>40w</u> | CALLED OUT | ON LOCATION <u>2:30 AM</u> | JOB START <u>7:30 AM</u> | JOB FINISH <u>8:30 AM</u> |
| BASE <u>Trust</u> | | WELL# <u>1</u> | LOCATION <u>Tribune S3E2N1W1S</u> | | COUNTY <u>Greeley</u> | STATE <u>KS</u> | |
| OLD OR NEW (Circle one) | | | | | | | |

TRACTOR Cheyenne Drlg

TYPE OF JOB Log string

PIPE SIZE 7 1/2 T.D. 3080'

STRING SIZE 4 1/2 DEPTH 3080'

BLIND SIZE DEPTH

ILL. PIPE DEPTH

OL DEPTH

ES. MAX. MINIMUM

IAS. LINE SHOE JOINT

MENT LEFT IN CSG.

RFS.

PLACEMENT 49 Bbls

OWNER Same

CEMENT

AMOUNT ORDERED 525 sks Lite 80 Gel 1/4" Fb

12.5 sk CIA 10% Salt 5001

| | | | |
|--------------------|---------------------------|---------------|----------------|
| COMMON | <u>12.5 sks</u> | @ <u>7.55</u> | <u>943.75</u> |
| POZMIX | | @ | |
| GEL | <u>17 sks</u> | @ <u>9.50</u> | <u>161.50</u> |
| CHLORIDE | | @ | |
| <u>Lightweight</u> | <u>525 sks</u> | @ <u>6.65</u> | <u>3491.25</u> |
| <u>Salt</u> | <u>12 sks</u> | @ <u>7.00</u> | <u>84.00</u> |
| <u>Flt. Salt</u> | <u>131 #</u> | @ <u>1.15</u> | <u>150.65</u> |
| | | @ | |
| | | @ | |
| HANDLING | <u>650 sks</u> | @ <u>1.05</u> | <u>682.50</u> |
| MILEAGE | <u>49 per sk per mile</u> | | <u>2158.00</u> |
| TOTAL | | | <u>7614.65</u> |

EQUIPMENT

MP TRUCK CEMENTER Dean

300 HELPER Terry

LK TRUCK

347 DRIVER Andrew

LK TRUCK

280 DRIVER Lonnie

REMARKS:

Cement circulated out in ditch.

Last Did Hold

Disp 49 Bbls

SERVICE

| | | | |
|-------------------|---------------------|----------------|----------------|
| DEPTH OF JOB | <u>3080'</u> | | |
| PUMP TRUCK CHARGE | | | <u>1080.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>83 miles</u> | @ <u>2.85</u> | <u>236.55</u> |
| PLUG | <u>4 1/2 Rubber</u> | @ <u>38.00</u> | <u>38.00</u> |
| | | @ | |
| | | @ | |
| TOTAL | | | <u>1354.55</u> |

CHARGE TO: Flex Systems Inc

NET Box 130

BY Journey STATE Japan ZIP 75126

FLOAT EQUIPMENT

| | | | |
|------------------------|-----------------|---------------|---------------|
| <u>4 1/2</u> | | | |
| <u>Float shoe</u> | @ <u>224.00</u> | <u>224.00</u> | |
| <u>1 Basket</u> | @ <u>129.00</u> | <u>129.00</u> | |
| <u>6 Cen. Trainers</u> | @ <u>53.00</u> | <u>318.00</u> | |
| | @ | | |
| | @ | | |
| TOTAL | | | <u>671.00</u> |

Allied Cementing Co., Inc.

I am hereby requested to rent cementing equipment

I furnish cementer and helper to assist owner or

tractor to do work as is listed. The above work was

done to satisfaction and supervision of owner agent or

tractor. I have read & understand the "TERMS AND

CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

NATURE Drilling Log

Philip Loyd

PRINTED NAME