

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

\*\*11/18/96 CORRECTED COPY

a) Added Purchaser  
b) Chg Date Of 1st Prod: 7/19/94  
vice 7/19/96

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

Operator: License # 5003

Name: McCoy Petroleum Corporation

Address 3017 N. Cypress Street

Wichita, KS

City/State/Zip 67226-4003

Purchaser: \*\*Petro Source Corp.

Operator Contact Person: Steve O'Neill

Phone (316) 636-2737

Contractor: Name: Post & Mastin Well Service

License: 8438

Wellsite Geologist: John Hastings

Designate Type of Completion  
 New Well  Re-Entry  Workover

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

If Workover:

Operator: McCoy Petroleum Corporation

Well Name: HAUPT "A" #1-15

Comp. Date 6/16/94 Old Total Depth 4750'

**REDUCE TO ONE PAY ZONE**  
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBTD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

7-19-94 7/19/94  
Date OF START Date Reached TO Completion Date OF  
OF WORKOVER WORKOVER

API NO. 15- 171-20,4650001  
County Scott  
100'S of \_\_\_\_\_  
SW - NW - SE Sec. 15 Twp. 19S Rge. 33W X W

1550 Feet from  N (circle one) Line of Section

2310 Feet from  W (circle one) Line of Section

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

Lease Name HAUPT "A" Well # 1-15

Field Name \_\_\_\_\_

Producing Formation LKC Swope

Elevation: Ground 2961 KB 2974

Total Depth 4750' PBTD 4696

Amount of Surface Pipe Set and Cemented at 380 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 1984 Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan REWORK 8/26 11-20-96  
(Data must be collected from the Reserve Pit) Alt 2

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method RECEIVED

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name NOV 19 1996

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

CONSERVATION DIVISION  
Quarter WICHITA KS 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.

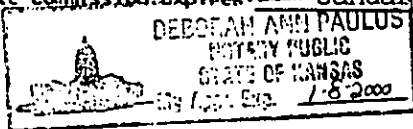
Signature Brent B. Reinhardt

Title Regulatory Geologist Date 11/14/96

Subscribed and sworn to before me this 14th day of November, 19 96.

Notary Public Deborah Ann Paulus

Date Commission Expires January 8, 2000



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 McCoy Petroleum Corporation Lease Name HAUPT "A" Well # 1-15  
 Sec. 15 Twp. 19s Rge. 33  East County Scott  West

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.)  
 List All E.Logs Run:

Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum  
 See Attached Log Tops: NA (Reported with Original ACO-1)

See Attached DST Reports: NA (Reported with Original ACO-1)

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 1/4"	8 5/8"	24#	380'	Prem +	250	2 gel, 1#Flo
Production	7 7/8"	5 1/2"	15.5#	4744'	Class H Prem	275	10#Gil, 15 Salt
DV Tool				1984'	Prem +, Lat	400	1#Flo, 2 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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	LKC "K" (Swope) 4228-4232'	Effective 7/14/94 the LKC "J" (4161-4166) & LKC "G" (4069-4974) zones are isolated in annulus above the LokSet Packer at 4211.49'.	4232'
		Production is isolated to the LKC "K" zone ONLY.	

TUBING RECORD							
Size	Set At	Packer At	Liner Run				
2 7/8"	4212'	4211.49'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date of First, Resumed Production, SMD or Inj. ** 7/19/94		Producing Method <input type="checkbox"/> Flowing <input checked="" 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		
	121	0	31				

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 4228-4232' (LKC "K")