

JAN 14 2002

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
State of Kansas

CONFIDENTIAL

Operator: License # 5254
Name: MIDCO Exploration, Inc.
Address: 414 Plaza Drive, Suite 204
City/State/Zip: Westmont, IL 60559
Purchaser: ONEOK
Operator Contact Person: Earl J. Joyce, Jr.
Phone: (630) 655-2198
Contractor: Name: Midwestern Well Service
License: 5112

Wellsite Geologist: _____

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/Re-entry: Old Well Info as follows:

Operator: MIDCO Exploration, Inc.
Well Name: Dale #1

Original Comp. Date: 1/9/84 Original Total Depth: 5800

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
 Commingled Docket No. APPLIED FOR
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

11/2/01 11/3/01 11/8/01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 033-20628-0002
County: Comanche
100' E - NE Sec. 34 Twp. 32 S. R. 18 East West
1320 feet from S / (N) (circle one) Line of Section
1220 feet from (E) / W (circle one) Line of Section

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

Lease Name: Dale Well #: 1
Field Name: Nescatunga SW

Producing Formation: Swope, Pawnee, Mississippi

Elevation: Ground: 2012 Kelly Bushing: 2017

Total Depth: 5800 Plug Back Total Depth: 5114

Amount of Surface Pipe Set and Cemented at 643 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/ _____ x cmt.

Drilling Fluid Management Plan Workover for 2-20-03
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

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 of 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: _____

Title: Vice-President Date: 1/11/2002

Subscribed and sworn to before me this 11th day of January, 2002

19 _____

Notary Public: Nancy L. Macyunas Nancy L. Macyunas

Date Commission Expires: 6/24/2002

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received **Release**
 Geologist Report Received **FEB 28 2003**
____ UIC Distribution **From**
Confidential

✓

X

Operator Name: MIDCO Exploration, Inc. Lease Name: Dale Well #: 1
 Sec. 34 Twp. 32 S. R. 18 East West County: Comanche

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Correlation Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;"> RECEIVED STATE CORPORATION COMMISSION JAN 14 2002 CONSERVATION DIVISION Topeka, Kansas </div> <div style="text-align: right;"> KCC JAN 14 2002 CONFIDENTIAL </div>
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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	# Sacs Used	Type and Percent Additives
Surface		8 5/8	24#	643			
					} ORIGINAL COMPLETION		
Production		4 1/2	11.6#	5799			

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	4740-4744 (Swope)		
4	5098-5110 (Mississippi)	1500 gals 15% NEFE acid	

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>5100</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>11/8/01</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		125	25		

Disposition of Gas	METHOD OF COMPLETION	Production Interval	Release FEB 28 2003 From Confidential
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)		