

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 # 5011
Name: Viking Resources, Inc.
Address 105 S. Broadway, Suite #1040
City/State/Zip Wichita, KS 67202-4224

Purchaser: _____
Operator Contact Person: James B. Devlin
Phone (316) 262-2502

Contractor: Name: Mallard JV, Inc.
License: 4958

Wellsite Geologist: Robert C. Patton FEB 11 1991

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: Gear Petroleum
Well Name: #1 Leo
Comp. Date 8-28-83 Old Total Depth 4670

Drilling Method:
 Mud Rotary Air Rotary Cable
10-20-90 10-22-90
Spud Date Date Reached TD Completion Date

API NO. 15- 101-20, 837-010-01

County Lane
SW NW NW Sec. 29 Twp. 17s Rge. 27 East West

4290 Ft. North from Southeast Corner of Section
4950 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

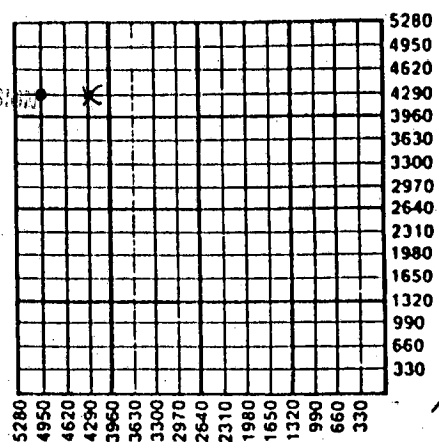
Lease Name Leo Well # 1

Field Name Wildcat

Producing Formation _____

Elevation: Ground 2714 KB 2721

Total Depth 4670 PBDT _____



Amount of Surface Pipe Set and Cemented at 332 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 James B. Devlin
Title James B. Devlin, President Date _____
Subscribed and sworn to before me this 7 day of February, 19 91.
Notary Public Paul R. Dunagan

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

For Deposit PAUL DUNAGAN
Notary Public
STATE OF KANSAS
My Appl. Exp. _____

March 2, 1993

SIDE TWO

Operator Name Viking Resources, Inc. Lease Name Leo Well # 1

Sec. 29 Twp. 17s Rge. 27 East West
 County Lane County

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.)

SEE SCOUT CARD

Name	Formation Description	
	Top	Bottom
Anhydrite	2126	(+595)
Heebner	3958	(-1237)
Lansing Kansas City	3994	(-1273)
Ft. Scott	4511	(-1790)
Mississippian	4630	(-1909)
RTD	4670	(-1949)

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	20	332	common	200	3% cc 2% gel

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 _____ 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 _____

