

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 9482

Name: NATIONAL PETROLEUM RESERVES, INC.

Address 250 N. Rock Rd., Ste. 130
Wichita, KS. 67206

City/State/Zip _____

Purchaser: KOCH OIL COMPANY

Operator Contact Person: Ted c. Bredehoff

Phone (316) 681-3515

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workovers:

Operator: NATIONAL PETROLEUM RESERVES, INC.

Well Name: #3 GILL

Comp. Date 4/2/90 Old Total Depth 4640'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. NP 119411
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8/8/94 8/10/94
Spud Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER

API NO. 15- 101-21,545-0001

County LANE

SW NE NE - 35 Sec. 16S Twp. 29 Rge. XX E

4290 Feet from (S)N (circle one) Line of Section

990 feet from (E)W (circle one) Line of Section

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

Lease Name GILL Well # #3

Field Name Terwilliger

Producing Formation Lower 'L' zone, Kansas City

Elevation: Ground 2794' XB 2799'

Total Depth 4640' PBTD _____

Amount of Surface Pipe Set and Cemented at _____ 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 cnt.

Drilling Fluid Management Plan REWORK 97 7-17-95
(Data must be collected from the Reserve PPE)

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 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-11 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/Treasurer Date 7/12/95

Subscribed and sworn to before me this 12th day of JULY, 19 95.

Notary Public [Signature]

Date Commission Expires 5/13/97

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)

SUSAN E. BREDEHOFT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

SUSAN E. BREDEHOFT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 5-13-97

Form ACC-1 (7-91)

RECEIVED
STATE CORPORATION COMMISSION

JUL 14 1995

CONSERVATION DIVISION
WICHITA, KANSAS

ORIGINAL

SIDE TWO

Operator Name NATIONAL PETROLEUM RESERVES, INC. Lease Name GILL Well # 3

Sec. 35 Twp. 16S Rgn. 29 County LANE

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.)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy.)
List All E.Logs Run: None

Log Formation (Top), Depth and Datum
Name Top Datum
N/A

CASING RECORD table with columns: 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

ADDITIONAL CEMENTING/SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives

PERFORATION RECORD table with columns: Shots Per Foot, Specify Footage of Each Interval Perforated, Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run, Date of First, Resumed Production, SMD or Inj., Producing Method, Estimated Production Per 24 Hours, Oil, Gas, Water, Gas-Oil Ratio, Gravity

Disposition of Gas: Vented, Sold, Used on Lease
METHOD OF COMPLETION: Open Hole, Perf., Dually Comp., Coningled, Other
Production Interval: 4282'-4290', 4574'-4575'