

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

API NO. 15- 101,21,138.0001 **ORIGINAL**
County _____ Lane _____
165'E-SE-NW-SW Sec. 28 Twp. 17 Rge. 27 X W

Operator: License # 9067

_____ 1650' Feet from SN (circle one) Line of Section

Name: DaMar Resources, Inc.

_____ 1155' Feet from EW (circle one) Line of Section

Address _____ P.O. Box 70 _____

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

City/State/Zip Hays, KS 67601

Lease Name Scott Well # 3

Purchaser: N/A

Field Name LS East

Operator Contact Person: Curtis R. Longpine

Producing Formation Lansing-Kansas City

Phone (913) 625-0020

Elevation: Ground 2700 KB 2709

Contractor: Name: _____

Total Depth 4634 PBDT 4400

License: _____

Amount of Surface Pipe Set and Cemented at 429 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? X Yes _____ No

Designate Type of Completion

If yes, show depth set 2109 Feet

_____ New Well _____ Re-Entry X Workover

If Alternate II completion, cement circulated from 2109

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.

feet depth to surface w/ 315 sx cmt.

_____ Gas X ENHR _____ SIGW

_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan REWORK 8/26 6-26-95
(Data must be collected from the Reserve Pit)

If Workover:

Chloride content _____ ppm Fluid volume _____ bbls

Operator: DaMar Resources, Inc.

Dewatering method used _____

Well Name: #3 Scott

Location of fluid disposal hauled offsite

Comp. Date 03-14-85 Old Total Depth 4634

Operator Name _____

_____ Deepening X Re-perf. X Conv. to Inj/SWD

X Plug Back 4400' PBDT

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

X Other (SWD or Inj?) Docket No. E 26,861

Lease Name _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

11-08-94 _____ 11-11-94

Start Date OF START Date Reached TD OF WORKOVER _____ Completion Date OF WORKOVER _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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.

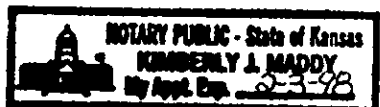
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]
Title Vice President/Geologist Date 11-14-94

Subscribed and sworn to before me this 14th day of November, 19 94.

Notary Public Kimberly J. Maddy
Date Commission Expires 2-3-98

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

Operator Name DaMar Resources, Inc. Lease Name Scott Well # 3
 Sec. 28 Twp. 17 S Rge. 27 East West
 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 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:
 See attached completion card

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

CASING RECORD <input 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

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	4166 - 70'	1000 gal 15% NE
	4400' Alpha M-2 Bridge Plug	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8" (seal tite)	4149	4149	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or (Inj) Upon approval		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 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION**
 Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled 4166' - 4170'
 Other (Specify) _____

