

ORIGINAL

SIDE ONE

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

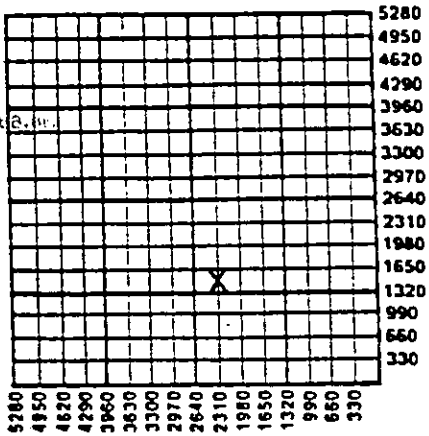
Operator: License # 5393
 Name: A I Abercrombie, Inc
 Address 150 N. Main, #801
 City/State/Zip Wichita, KS 67202
 Purchaser: _____
 Operator Contact Person: Jack L. Partridge
 Phone (316) 262-1841
 Contractor: Name: Abercrombie Drilling, Inc
 License: 5422
 Wellsite Geologist: Mark Galyon

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWM: old well info as follows:

Operator: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____
 Drilling Method:
 Mud Rotary Air Rotary Cable
 Spud Date 05-22-90 Date Reached TD 05-29-90 Completion Date 06-01-90

API NO. 15- 135-23,466-00-00
 County Ness
 SW NW SE Sec. 6 Twp. 17S Rpe. 21 East West
1400 Ft. North from Southeast Corner of Section
2310 Ft. West from Southeast Corner of Section
 (NOTE: Locate well in section plat below.)
 Lease Name Yawger Well # 1
 Field Name _____
 Producing Formation _____
 Elevation: Ground 2265 KB 2270
 Total Depth 4350 PBDT _____



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 JAN 8 1991
 OIL & GAS CONSERVATION DIVISION
 WICHITA, KANSAS

ACT II
D, A

Amount of Surface Pipe Set and Cemented at 332.50 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.

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 Jack K. Wharton
 Title Vice President Date 06-22-90
 Subscribed and sworn to before me this 22nd day of June, 1990.
 Notary Public Deborah K. Ammerman
 Date Commission Expires 3-1-92

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)

DEBORAH K. AMMERMAN
 Notary Public - State of Kansas

101

SIDE TWO

Operator Name A. L. Abercrombie, Inc. Lease Name Yawger Well # 1

Sec. 6 Twp. 17S Rge. 21 East West
 County Ness

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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <td><input checked="" type="checkbox"/> Log</td> <td colspan="2"><input type="checkbox"/> Sample</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Bottom</td> </tr> <tr> <td>Anhydrite</td> <td>1540 (+730)</td> <td></td> </tr> <tr> <td>B/Anhydrite</td> <td>1573 (+697)</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3686 (-1416)</td> <td></td> </tr> <tr> <td>Lansing</td> <td>3728 (-1458)</td> <td></td> </tr> <tr> <td>Pawnee</td> <td>4094 (-1824)</td> <td></td> </tr> <tr> <td>Cherokee Sh.</td> <td>4194 (-1924)</td> <td></td> </tr> <tr> <td>Mississippian</td> <td>4276 (-2006)</td> <td></td> </tr> <tr> <td>Log TD</td> <td>4350 (-2080)</td> <td></td> </tr> </table>	Formation Description			<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample		Name	Top	Bottom	Anhydrite	1540 (+730)		B/Anhydrite	1573 (+697)		Heebner	3686 (-1416)		Lansing	3728 (-1458)		Pawnee	4094 (-1824)		Cherokee Sh.	4194 (-1924)		Mississippian	4276 (-2006)		Log TD	4350 (-2080)	
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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	28#	332.50	Pozmix	200	8% cc., 2% ge

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 _____