

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # KCC9855
Name: Grand Mesa Operating Company
Address 200 E. First St., Ste 307

City/State/Zip Wichita, KS 67202
Purchaser: NCRA

Operator Contact Person: Larry Friend
Phone (316) 265-3000

Contractor: Name: _____
License: _____
Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Re-Entry, old well info as follows:
Operator: Walters Drilling Co.
Well Name: #4 Schaben
Comp. Date 5/4/78 Old Total Depth 4551

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

7/29/96 8/1/96
Spud Date Date Reached TD Completion Date

API NO. 15- 135-21,452 0001
County Ness
NE - SE - _____ Sec. 19 Twp. 17S Rge. 24 E W

1980 Feet from N (circle one) Line of Section
535 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)
Lease Name Schaben Well # 4
Field Name Keilman North

Producing Formation Mississippian
Elevation: Ground 2373 KB 2378
Total Depth 4551 PSTD 4378

Amount of Surface Pipe Set and Cemented at 330 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 cat.

Drilling Fluid Management Plan REWORK 8/26 11-5-96
(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 Rng. E/W
County _____ Docket No. _____

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 President Date 8/16/96
Subscribed and sworn to before me this 16th day of August
19 96
Notary Public _____
Date Commission Expires August 25, 1996

E.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SMD/Rep NGPA
 KGS Plug Other
(Specify)

4710180

SIDE TMD

Operator Name Grand Mesa Operating Company Lease Name Schaben Well # 4
 Sec. 19 Twp. 17S Rge. 24 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	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stone Corral	1632	+736
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3688	-1310
List All E.Logs Run:		Lansing	3731	-1353
		BKC	4020	-1642
		Ft Scott	4225	-1847
		Mississippian	4322	-1944

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
Production	8 7/8"	5 1/2"	15.5#	4401	Portland	63	
					Pozmix-A	62	
					Hulco Lite	175	800# salt

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
3	4324-4330	1000 gal 15% HCL w/solvent w/iron reducing additive	4324-30

TUBING RECORD		Size 2 3/8"	Set At 4337.85	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
8/1/96					
Estimated Production Per 24 Hours	Oil 9 Bbls.	Gas 0 Mcf	Water 152 Bbls.	Gas-Oil Ratio	Gravity 36.5

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: 4324-4330