

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

Operator: License # 31142

Name: Petroleum Property Services, Inc.

Address 155 N. Market, Suite 1010

City/State/Zip Wichita, KS 67202

Purchaser: N/A

Operator Contact Person: Jim Thatcher

Phone (316) 265-3351

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

Operator: Petroleum Property Services

Well Name: Duane 4-24

Comp. Date 11/2/94 Old Total Depth 4593

Deepening Re-perf. Conv. to SVD
 Plug Back PSTD
 Cemented Docket No. E27033
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____

3-20-95 3/20/95
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 101-210360001

County Lane

NW - NE - SW Sec. 24 Twp. 16 Rge. 30 XXV

2310 Feet from S/W (circle one) Line of Section

3630 Feet from E/W (circle one) Line of Section

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

Lease Name Duane Well # 4-24

Field Name Dickey West

Producing Formation LKC

Elevation: Ground 2843 KB 2848

Total Depth 4959 PSTD 4538

Amount of Surface Pipe Set and Cemented at 344 Feet

Multiple Stage Cementing Celler Used? Yes No

If yes, show depth set 1141 Feet

If Alternate II completion, cement circulated from 1141

feet depth to Surface w/ 225 sk cnt.

Drilling Fluid Management Plan REWORK 8/7 3-29-95
(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. _____ 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 Jim Thatcher

Title PRESIDENT Date 3/22/95

Subscribed and sworn to before me this 22nd day of March 19 95.

Notary Public Sharon K. Tims

Date Commission Expires May 19, 1998

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other
(Specify)
3-24-95

SHARON K. TIMS
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 5-19-98

Operator Name Petroleum Property Service, Inc. Lease Name Duane Well # 4-24

Sec. 24 Twp. 16 Rge. 30 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input 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			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E.Logs Run:

CASING RECORD <input checked="" 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
Surface	10 1/4"	8 5/8"		344'	50/50 Poz	190	2% gel
Production	7 7/8"	4 1/2"		4578	Common	150	10% SALT
Upper Stage		Port Collar		1141	Common	225	6% gel

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	4176' - 4188'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Plastic Lined	23/8	4144	4144-46	
Date of First, Resumed Production, SVD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
3-28-95				
Estimated Production Per 24 Hours	Oil	Sbls.	Gas	Mcf
			Water	Sbls.
			Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION Injection Production Interval

Open Hole Perf. Dually Comp. Commingled 4176-88

Other (Specify) _____