

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

API NO. 15- 165-21693 0000
County Rush County, Kansas
NE - NE - SE - Sec. 2 Twp. 18S Rge. 19 XX^E

Operator: License # 3869

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

Name: Imperial Oil Properties Inc.

330 Feet from (E)W (circle one) Line of Section

Address 212 N. Market #513

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

City/State/Zip Wichita, Kansas

Lease Name Pivonka Trust "A" Well # 1

Field Name Wildcat

Purchaser: _____

Producing Formation _____

Operator Contact Person: Robert L. Williams

Elevation: Ground 2078 KB 2087

Phone (316) 265-6977

Total Depth 4030' PSTD _____

Contractor: Name: Duke Drilling Co., Inc.

Amount of Surface Pipe Set and Cemented at 1270.09 Feet

License: 5929

Multiple Stage Cementing Collar Used? _____ Yes X No

Wellsite Geologist: Jon Williams

If yes, show depth set _____ Feet

Designate Type of Completion

If Alternate II completion, cement circulated from _____

New Well Re-Entry Workover

feet depth to _____ w/ _____ sx cat.

Oil SVD SIOV Temp. Abd.
 Gas ENHR SIGV
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan D&A JH 6-20-96
(Data must be collected from the Reserve Pit)

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

OPERATOR RELEASED KCC

Well Name: JUL 3 1 1997

Comp. Date _____ Old To _____ JUL 3 1 1997

FROM CONFIDENTIAL
 Plug Back Conv. to Inj/SVD
 Commingled Docket No. _____ PSTD
 Dual Completion Docket No. _____
 Other (SVD or Inj?) Docket No. _____

Chloride content 4,500 ppm Fluid volume 60 bbls

Dewatering method used KCC Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name CONFIDENTIAL

Lease Name _____ License No. _____

02-24-96 03-02-96 03-02-96
Spud Date Date Reached TD Completion Date

Quarter _____ Sec. _____ Twp. _____ S. Rng. _____

County _____ Docket No. _____

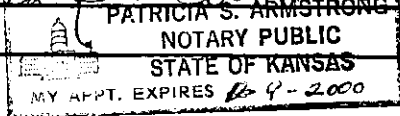
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Jon Williams
Title Geologist Agent Date 3/19/96

Subscribed and sworn to before me this 19 day of March, 19 96.

Notary Public Patricia S. Armstrong
Date Commission Expires _____



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 Imperial Oil Properties, Inc.

Lease Name Pivonka Trust "A" Well # 1

Sec. 3 Twp. 18S Rge. 19
 East
 West

County Rush County, Kansas

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.)

Log Name	Formation (Top), Depth and Datum		Sample Datum
	Top	Datum	
Heebner	3441	-1354	
Toronto	3460	-1373	
Lansing	3490	-1403	
Base K.C.	3767	-1680	
Arbuckle	3888	-1804	

List All E.Logs Run:
 Compensated Sonic Log
 Compensated Neutron
 Density Log
 Dual Induction Log

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12-1/4"	8-5/8"	24#	1270.09	Lite/common	440	3%cc

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth		#Sacks Used	Type and Percent Additives
	Top	Bottom		
Perforate				
Protect Casing				
Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

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 _____

15-165-21693-0000 **DRILL-STEM TEST DATA**

ORIGINAL

Well Name	Pivonka	Test No.	1
Well Number	A #1	Zone Tested	Arb
Company	Imperial Oil Properties Inc	Date	3/1/96
Comp. Rep.	J Williams	Tester	Don Fabricius
Contractor	Duke Dry	Ticket No.	3214
Location	2-18-19	Elevation	

CONFIDENTIAL

Recorder No. <u>3088</u>	Clock Range <u>12</u>	Recorder No. <u>4377</u>	Clock Range <u>12</u>
Depth <u>3902</u>		Depth <u>3906</u>	
Initial Hydro Mud Press. <u>1981</u>		Initial Hydro Mud Press. <u>1978</u>	
Initial Shut-in Press. <u>1036</u>		Initial Shut-in Press. <u>1032</u>	
Initial Flow Press. <u>82-353</u>		Initial Flow Press. <u>82-352</u>	
Final Flow Press. <u>412-494</u>		Final Flow Press. <u>410-493</u>	
Final Shut-in Press. <u>1128</u>		Final Shut-in Press. <u>1123</u>	
Final Hydro Mud Press. <u>1981</u>		Final Hydro Mud Press. <u>1978</u>	
Temperature _____		Tool Open Before I. S. I. <u>30</u>	Mins.
Mud Weight <u>9.4</u>	Viscosity <u>49</u>	Initial Shut-in <u>30</u>	Mins.
Fluid Loss <u>9.6</u>		Flow Period <u>15</u>	Mins.
Interval Tested <u>3896-3914</u>		Final Shut-in <u>45</u>	Mins.
Top Packer Depth <u>3896</u>		Surface Choke Size <u>1</u>	
Bottom Packer Depth <u>3914</u>		Bottom Choke Size <u>3/4</u>	
Total Depth <u>4030</u>		Main Hole Size <u>7 7/8</u>	
Drill Pipe Size <u>4 1/2 X H</u>	Wt. <u>16.60</u>	Rubber Size <u>6 3/4</u>	
Drill Collar I. D. _____	Ft. Run _____		

Recovery—Total Feet _____ **RELEASED**

Recovered 1145 Feet Of Water

Recovered _____ Feet Of JUL 31 1997

Recovered _____ Feet Of _____ JUN 19

Recovered _____ Feet Of _____ **FROM CONFIDENTIAL**

Recovered _____ Feet Of _____ **CONFIDENTIAL**

Remarks
Weak blow building to strong thru-test
Bottom packer held.

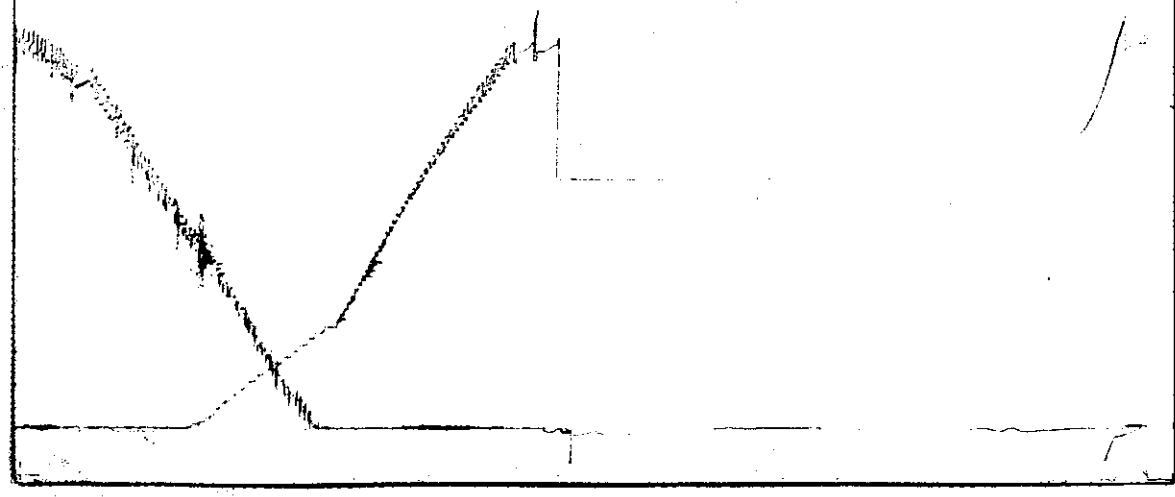
THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED. CONDITIONS: It is expressly understood and agreed that the above described work shall be done under the exclusive control, direction and supervision of the owner or contractor. As a part of the consideration for this agreement, it is expressly understood and agreed that Arrow Testing Company shall not be responsible for damages or losses of any kind whatsoever occasioned by or incident to the use of the above described Tools, whether run or operated by customer, or by anyone employed directly or indirectly by Arrow Testing Company, nor whether resulting from the acts or omissions of Arrow Testing Company, or any of its agents, servants or employees in any way connected with or related to the use of such Tools.

It is expressly understood and agreed that Arrow Testing Company, shall not be bound by any agreement, not herein contained, and no agent or representative connected with or employed by Arrow Testing Company has authority to alter or extend the terms of this agreement. I have read and understand the terms of this agreement and represent that I am authorized to sign the same as agent of customer.

By _____
Owner, Operator or his Agent

205 —

— 3214

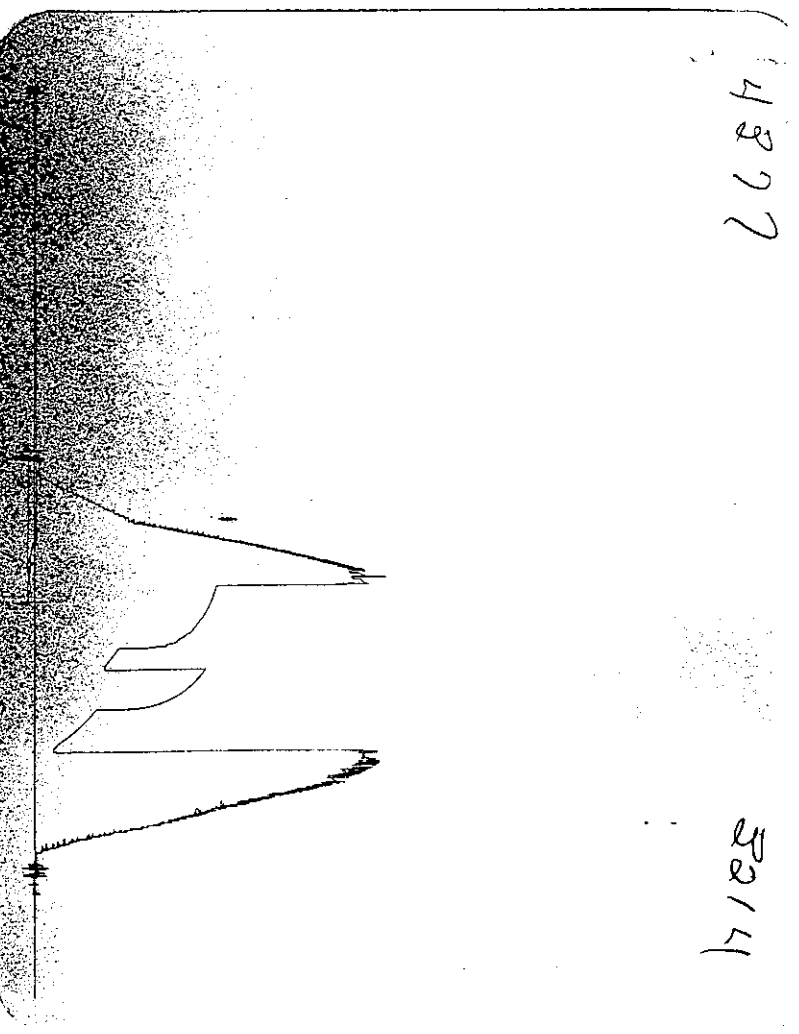
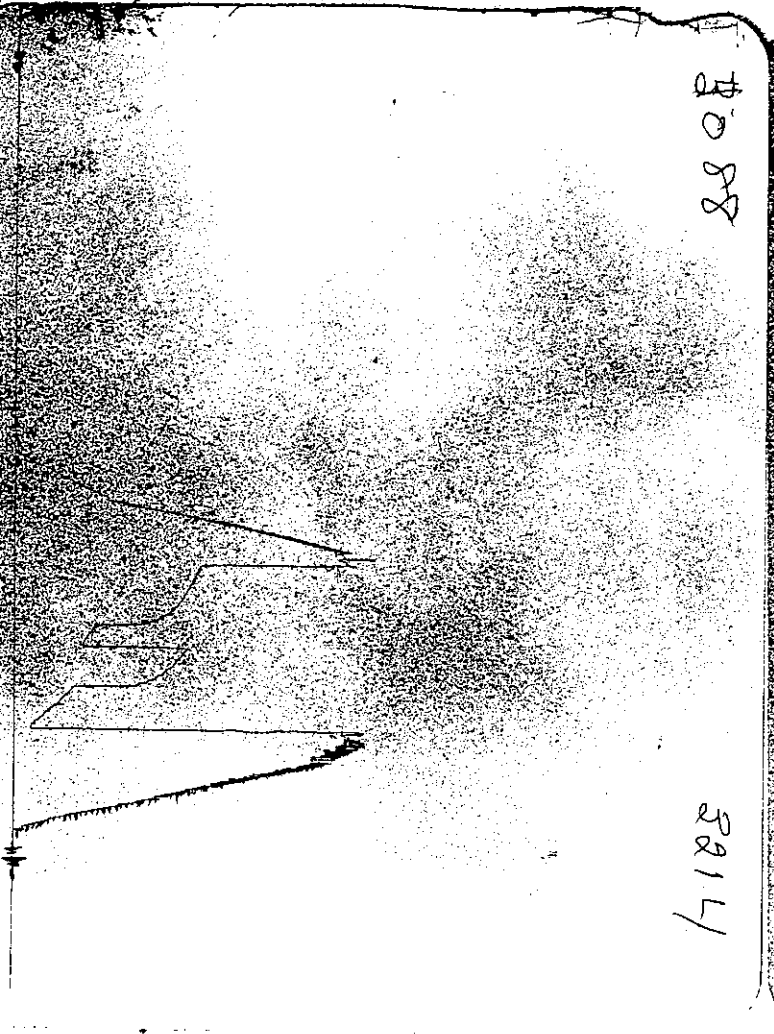


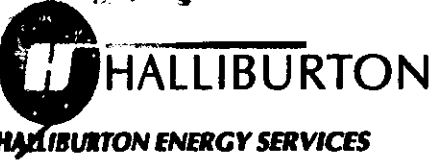
4877

8088

3814

3814





CHARGE TO
 ADDRESS:
 CITY, STATE, ZIP CODE

Travel Office
212 N. Market "513"
Wichita, Mo. 67202

CUSTOMER COPY
 No. **915148 - 3**

TICKET
 No. **915148 - 3**

PAGE 1 OF 2

1	WELL/PROJECT NO. A#1	LEASE Pivonka Trust	COUNTY/PARISH Polk	STATE Mo	CITY/OFFSHORE LOCATION	DATE 3-29-96	OWNER Some
2	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO. D-111	SHIPPED VIA ST	DELIVERED TO	ORDER NO.
3	WELL TYPE 11	WELL CATEGORY 01	JOB PURPOSE 115	WELL PERMIT NO.	WELL LOCATION S-2-185 17W		
4	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
					MILEAGE <i>7.00</i> <i>513</i> <i>(RTM)</i>	<i>57</i>	<i>mi</i>	<i>1</i>	<i>hr</i>	<i>2.85</i>	<i>162.15</i>
					<i>Pump Change</i>	<i>2</i>	<i>hr</i>			<i>295.00</i>	<i>590.00</i>
					<i>11.1 7.00 Plug</i>	<i>1</i>	<i>hr</i>	<i>87</i>		<i>95.00</i>	<i>95.00</i>

15-1165-21683-0000
 CONFIDENTIAL

ORIGINAL

RELEASED

JUL 31 1997

FROM CONFIDENTIAL

NLU

JUN 19

CONFIDENTIAL

RECEIVED
 KANSAS CORPORATION COMMISSION
 APR 04 1996
 4-4-96
 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions. MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO PART OF WORK OR DELIVERY OF GOODS <i>Fish Wheeler</i> SIGNED: <i>3-96</i> TIME SIGNED: <i>09:00</i> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE <input type="checkbox"/>	PAGE TOTAL <i>638</i> <i>120</i>
	TYPE LOCK _____ DEPTH _____ BEAN SIZE _____ SPACERS _____	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input type="checkbox"/>	FROM CONTINUATION PAGE(S) <i>1, 170</i> <i>101</i>
	TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____ TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____	WE UNDERSTOOD AND MET YOUR NEEDS? <input type="checkbox"/>	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>2428</i> <i>121</i>
	TREE CONNECTION _____ TYPE VALVE _____	OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input type="checkbox"/>	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input type="checkbox"/>	<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

FOR CUSTOMER'S AGENT (PLEASE PRINT)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X Fish Wheeler</i>	HALLIBURTON OPERATOR/ENGINEER <i>...</i>	EMP # <i>...</i>	HALLIBURTON APPROVAL
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HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1906-N

ORIGINAL

TICKET

No. 915280 - 3

PAGE 1 OF 2

CHARGE TO <i>Imperial Oil Properties</i>		ADDRESS <i>300 W. Douglas Suite 420</i>		CITY STATE ZIP CODE <i>Wichita, KS 67202</i>	
1. SERVICE LOCATIONS <i>Hoys, KS</i>	WELL/PROJECT NO. <i>#1</i>	LEASE <i>POWANKA TRUST A</i>	COUNTY/PARISH <i>Push</i>	STATE <i>KS</i>	CITY/OFFSHORE LOCATION
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Duke</i>	RIG NAME/NO. <i>Rigt4</i>	DATE <i>2-25-96</i>
3.	<input type="checkbox"/> SALES			SHIPPED VIA <i>CATS</i>	DELIVERED TO <i>Loc Sur Lucresse</i>
4. REFERRAL LOCATION	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>OID</i>	WELL PERMIT NO. <i>15165216930000</i>	OWNER <i>SORRE</i>
INVOICE INSTRUCTIONS <i>cm7 1270 83° Surf Pipe</i>				WELL LOCATION <i>7-185-19W</i>	ORDER NO.

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		U/M	U/M			
000-117		1		34	MILEAGE # 53292	60mi		RT	2.85	171.00
001-016		1			Pump chg	1270	5r			1145.00
030-016		1			Sw Pipe	11ea		8 3/4 in	120.00	120.00
-12A	825.214	1			Guide Shoe	1ea		"	216.00	216.00
24A	815.19502	1			Insert float valve	1ea		"	171.00	171.00
27	815.19415	1			Fillup-Assy	1ea		"	64.00	64.00
40	806.60059	1			centralizers	31ea		"	80.00	240.00

CONFIDENTIAL

ORIGINAL CONFIDENTIAL

RECEIVED
KANSAS CORPORATION COMMISSION

APR 04 1996

4-4-96

CONSERVATION DIVISION
WICHITA, KS

RELEASED

MAY 31 1997

CONFIDENTIAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

[Signature]
DATE SIGNED: *2-25-96*

TIME SIGNED: *1145*

A.M. P.M.

do not require IPC (Instrument Protection) Not offered

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK _____ DEPTH _____

BEAN SIZE _____ SPACERS _____

TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____

TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____

TREE CONNECTION _____ TYPE VALVE _____

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PRICE TOTAL	2127.00
SUB-TOTAL	6696.51
APPLICABLE TAXES WILL BE ADDED ON INVOICE	8823.51

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER'S AGENT (PLEASE PRINT) *[Signature]* CUSTOMER/OR CUSTOMER'S AGENT (SIGNATURE) *[Signature]* HALLIBURTON OPERATOR/ENGINEER *[Signature]* EMP # *59734* HALLIBURTON APPROVAL



HALLIBURTON

TICKET CONTINUATION CUSTOMER COPY

TICKET No. 50

HALLIBURTON ENERGY SERVICES 4536
51252-76103

CUSTOMER Imperial Oil Properties
WELL #1 Rivorkia Trust
DATE 2-25-96
PAGE OF

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504-316		1			Halliburton Light Cement	390				8 80	3,432	00
504-308		1			Standard Cement	150				9 67	1,435	50
509-406		1			Calcium Chloride Blended	13				36 75	477	75
CONFIDENTIAL ORIGINAL												
RELEASED JUL 31 1997 FROM CONFIDENTIAL												
RECEIVED KANSAS CORPORATION COMMISSION APR 04 1996 CONSERVATION DIVISION WICHITA KS												
SERVICE CHARGE					CUBIC FEET		566		1 35		754 10	
MILEAGE CHARGE		TOTAL WEIGHT		LOADED MILES		TON MILES		.95		587 16		
1		41,204		30		612.060						

CONTINUATION TOTAL 6.696.51