

ORIGINAL

CONFIDENTIAL

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 # 9971

Name: Kodiak Petroleum, Inc.

Address 44 Inverness Dr. E.
Suite B, Building D

City/State/Zip Englewood, CO 80112

Purchaser: _____

Operator Contact Person: Kent Johnson

Phone (303) 790-7550

Contractor: Name: Red Tiger Drilling

License: 5302

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWMO: old well info as follows:
Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

6-7-90 6-8-90 6-9-90
Spud Date Date Reached TD Completion Date

API NO. 15- 165-21,524

County Rush

NW SE SE Sec. 32 Twp. 19 Rge. 19W East West

990 Ft. North from Southeast Corner of Section

990 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

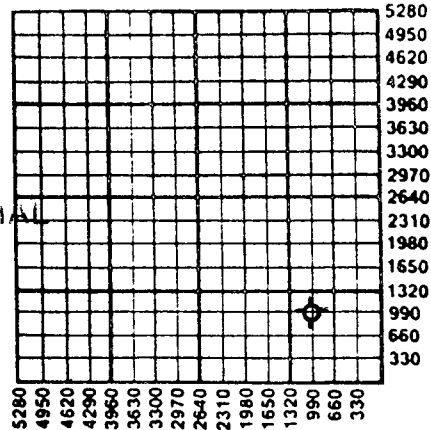
Lease Name Becker Well # 32-16

Field Name Wildcat

Producing Formation None

Elevation: Ground 2266' KB 2271'

Total Depth 1469' PBTD _____



RELEASED

OCT 09 1991

FROM CONFIDENTIAL

AIT I OFR

Amount of Surface Pipe Set and Cemented at 230 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 _____

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-111 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 [Signature], Kent A. Johnson

Title President Date Sept. 24/1990

Subscribed and sworn to before me this 24th day of September STATE OF KANSAS 19 90.

Notary Public Judith C. Pennington

Date Commission Expires April 19, 1993

K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Drillers Timelog Received
DISTRIBUTION
SWD/Rep _____ NGPA _____
Plug _____ Other _____ (Specify)
SEP 24 1990
KCC
RGS
9-26-90
Wichita, Kansas

SIDE TWO

Operator Name Kodiak Petroleum, Inc. Lease Name Becker Well # 32-16

Sec. 32 Twp. 19 Rge. 19W East West
 County Rush

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)</p>	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input checked="" type="checkbox"/> Sample</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">Name</td> <td style="width:20%; text-align: center;">Top</td> <td style="width:20%; text-align: center;">Bottom</td> </tr> <tr> <td>Stone Corral Anhydrite</td> <td>1450'</td> <td>(+821)</td> </tr> <tr> <td>T.D.</td> <td>1469'</td> <td>(+802)</td> </tr> </table> <p>Well Ran Low - P & A 6/9/90</p>	Name	Top	Bottom	Stone Corral Anhydrite	1450'	(+821)	T.D.	1469'	(+802)
Name	Top	Bottom								
Stone Corral Anhydrite	1450'	(+821)								
T.D.	1469'	(+802)								

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
surface	12 1/4	8 5/8	23#	230'	60/40 poz	140	2% gel, 3%cc
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth			
	None						
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Size		Set At		Packer At			
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Dry Hole							
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 _____