

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 # 3295

Name: David W. Clothier

Address 225 North Market #333

City/State/Zip Wichita, KS 67202

Purchaser: Peoples Natural Gas

Operator Contact Person: David Clothier

Phone (316) 267-9227

Contractor: Name: H-30 Drilling

License: 5107

Wellsite Geologist: David W. Clothier

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

11/3/89 11/10/89 11/16/90

Spud Date Date Reached TD Completion Date

API NO. 15- 077-21,203-0000

County Harper

100' SW/2W/2Sec. 25 Twp. 32 Rge. 9 East West

2540 Ft. North from Southeast Corner of Section

4620 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

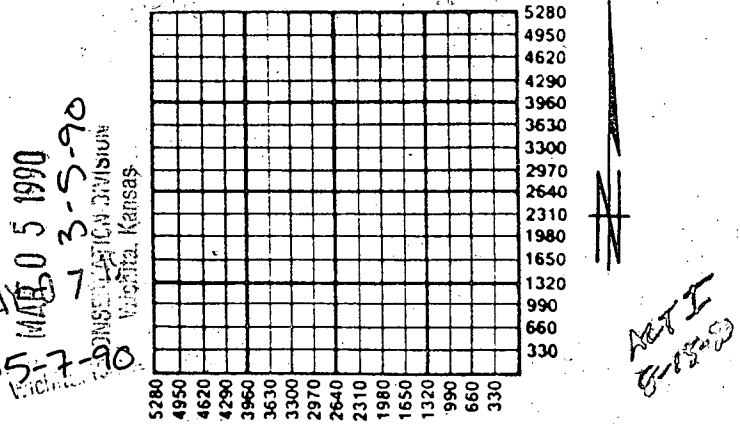
Lease Name Knox Unit Well # 1-25

Field Name Sullivan

Producing Formation Lansing

Elevation: Ground 1442 KB 1447

Total Depth 4000' PBTD 3946



Amount of Surface Pipe Set and Cemented at 200' @ 207' 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 cmt.

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 David W. Clothier

Title Operator Date 3/2/90

Subscribed and sworn to before me this 2 day of March, 1990.

Notary Public Sarah K. Smith

Date Commission Expires 1/6/94

SARAH K. SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-16-94

K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached

Wireline Log Received

Drillers Timelog Received

Distribution

KCC SWD/Rep. NGPA

KGS Plug Other (Specify)

SIDE TWO

Operator Name David W. Clothier Lease Name Knox Unit Well # 1-25
 Sec. 25 Twp. 32 Rge. 9 East West County Harper

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) DST#1, 3430-3453' Rec5' M-IFP31-31 #; ISIP 1209#; FFP42-42#; FSIP 1179# DST#2, 3699-3720', Rec115' GCM, GTS/GA.1080 MCFG; IFP130-262#; ISIP 1117#; FFP 325-315#; FSIP 1096#	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Top</th> <th style="width:40%;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3390(-1943)</td> <td></td> </tr> <tr> <td>Douglas</td> <td>3443(-1996')</td> <td></td> </tr> <tr> <td>Iatan</td> <td>3695(-2248)</td> <td></td> </tr> <tr> <td>Stalnaker</td> <td>3713(-2266)</td> <td></td> </tr> <tr> <td>Kansas City</td> <td>3956(-2509)</td> <td></td> </tr> <tr> <td>Total Depth</td> <td>4000(-2553)</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Heebner	3390(-1943)		Douglas	3443(-1996')		Iatan	3695(-2248)		Stalnaker	3713(-2266)		Kansas City	3956(-2509)		Total Depth	4000(-2553)	
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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	10"	85/8"	23#	207'	60/45	140	3%cc2%gel
Production	77/8"	51/2"	14#	3986'	surefill	150	
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
4	3713-16'			250 gal 10% acetic acid			3713-16'
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Size	Set At	Packer At					
23/8"	3719						
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
2/7/90							
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio Gravity
			1200				

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 _____