

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

Operator: License # 3372
 Name: Morrison-Dixon Oil Operations, Inc
 Address 155 N. Market, Suite #950
 City/State/Zip Wichita, Kansas 67202
 Purchaser: None
 Operator Contact Person: Micheal W. Dixon
 Phone (316) 264-9632
 Contractor: Name: None
 License: None
 Wellsite Geologist: N.A.
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIDW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSU, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
 Operator: F&M Oil Company, Inc.
 Well Name: Stephenson #1
 Comp. Date 10-2-81 Old Total Depth 4500
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4402 PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
10-12-92 10-13-92
 Spud Date Date Reached TD Completion Date

API NO. 15- 007-21,259 000/
 County Barber
C - NE - NW - SE Sec. 28 Twp. 31S Rng. 11 XX
2310' Feet from S/W (circle one) Line of Section
1650' 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 Stephenson Well # #2 "SWD"
 Field Name ILS Ext.
 Producing Formation None
 Elevation: Ground 1674 KB 1679
 Total Depth 4500' PSTD 4402'
 Amount of Surface Pipe Set and Cemented at 360' 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.

Drilling Fluid Management Plan OP 11-2 3-5L
 (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 PERMITTING TICKETS MUST BE ATTACHED.** Submit CP-4 form with all plugged wells. Submit CP-111 form with all completion operations.

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 10-19-92
 Subscribed and sworn to before me this 19 day of October, 19 92.
 Notary Public [Signature]
 Date Commission Expires 6-12-95

RECEIVED MAILED
 OCT 19 1992
 OCT 19 1992
 10-19-92

KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION
 WICHITA, KANSAS

F Letter of Permit Received Attached
 C Wireline Logs Received
 C Geologist Report Received

Distribution
 KCC SWD/Rep NEPA
 KGS Plug Other
 (Specify)

WILL LORTZ
 Notary Public, Exp. 6-12-95

WIC ALLREADY HAS COPY.

SIDE TUB

ORIGINAL

Operator Name Morrison-Dixon Oil Operations, Inc Lease Name Stephenson "SWD" Well # #2

Sec. 28 Twp. 31S Rge. 11 East West
County Barber

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 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 type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List All E.Logs Run:

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

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 Plug Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
	4 1/2"	Elder Bridge Plug		4402
2/ft.	4236-48, 4210-22, 4105-15, 4068-86		1000 gal. 20% HCL Acid 3000 gal. 15% HCL Acid	4068-4248

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4050</u>	Packer At <u>4050</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>Waiting on SWD approval</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 _____