

SIDE ONE

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

API NO. 15- 007-22,375 - 0000

County Barber
200' W, East
N/2 SW SE Sec. 28 Twp. 31 Rge. 11 X West

Operator: License # 3372

990' Ft. North from Southeast Corner of Section

Name: Morrison-Dixon Oil Operations, Inc

2180' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Address 155 N. Market, Suite 950

Lease Name Colle Well # 1

Wichita, Kansas 67202

Field Name WC

City/State/Zip

Producing Formation D&A

Purchaser: N/A

Elevation: Ground 1636 KB 1641

Operator Contact Person: Micheal W. Dixon

Total Depth 4442 PBTD

Phone (316) 264-9632

Contractor: Name: Allen Drilling Company

License: 5418

Wellsite Geologist: Micheal W. Dixon

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

X Dry Other (Core, Water Supply, etc.)

If OMAO: old well info as follows:

Operator:

Well Name:

Comp. Date Old Total Depth

Drilling Method:

X Mud Rotary Air Rotary Cable

9-12-91 9-20-91 9-20-91

Spud Date Date Reached TD Completion Date

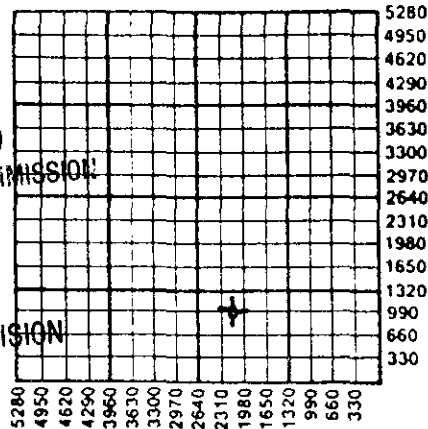
Amount of Surface Pipe Set and Cemented at 260' Feet

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.



AIT DPA

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 28 1991
10-28-91
CONSERVATION DIVISION
WICHITA, KS

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 *Micheal W. Dixon*
Title Micheal W. Dixon Vice-President Date 10-10-91

Subscribed and sworn to before me this 10th day of October 19 91.

Notary Public *Vicci L. Lortz* STATE CORPORATION COMMISSION

Date Commission Expires

NOTARY PUBLIC - State of Kansas
VICCI L. LORTZ
My Appt. Exp. 9-12-95
NOV 1 1991
11-1-91

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

SIDE TWO

Operator Name Morrison-Dixon Oil Operations, Inc Lease Name Colle Well # 1
 East County Barber
 Sec. 28 Twp. 31 Rge. 11 West

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.) DST#1 3609-3656, 30-30-30-30, Rec. 1' Mud, IFP 32-23, FFP 32-32, ISIP 43, FSIP 43 DST#2 4192-4208, 30-45-60-60, Rec 80' SOCGW, IFP 32-23, FFP 64-46, ISIP 1589, FSIP 1579 DST#3 4379-4422, 30-45-60-60, GTS 20" 2nd Op, GA 31.6 MCF Dec. to 4.45MCF & Stab., Rec. 45' Gsy OCM, IFP 43-43, FFP 53-53, ISIP 744, FSIP 457 DST#4 4422-42, 30-30-30-30, Rec. 5'M, IFP 32-32, FFP 43-43, ISIP 53, FSIP, 53	<p align="center">Formation Description</p> <input type="checkbox"/> Log <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Bottom</td> </tr> <tr> <td>Admire 2587</td> <td align="right">-946</td> <td></td> </tr> <tr> <td>Wabaunsee 2694</td> <td align="right">-1053</td> <td></td> </tr> <tr> <td>Topeka 3108</td> <td align="right">-1467</td> <td></td> </tr> <tr> <td>Heebner 3608</td> <td align="right">-1967</td> <td></td> </tr> <tr> <td>Lansing 3811</td> <td align="right">-2170</td> <td></td> </tr> <tr> <td>B/KC 4196</td> <td align="right">-2555</td> <td></td> </tr> <tr> <td>Cherokee 4385</td> <td align="right">-2744</td> <td></td> </tr> <tr> <td>Mississippi 4415</td> <td align="right">-2774</td> <td></td> </tr> </table>	Name	Top	Bottom	Admire 2587	-946		Wabaunsee 2694	-1053		Topeka 3108	-1467		Heebner 3608	-1967		Lansing 3811	-2170		B/KC 4196	-2555		Cherokee 4385	-2744		Mississippi 4415	-2774	
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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	12 1/4"	8-5/8"	20#	260'	60-40poz	160	3%cc 2%gel
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
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)						
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 _____