

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

Operator: License # 5050

Name: Hummon Corporation

Address 950 N. Tyler

City/State/Zip Wichita, KS 67212

Purchaser: None

Operator Contact Person: Kent Roberts

Phone (316) 773-2300

Contractor: Name: Abercrombie RTD, Inc.

License: 30684

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2/9/99 2/9/99
Spud Date Date Reached TD Completion Date

API No. 15- 033-20999-00-00

County Comanche

N/2 NE - NW Sec. 22 Twp. 32 Rge. 18 X E W

330 Feet from S (circle one) Line of Section

1980 Feet from E (circle one) Line of Section

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

Lease Name Campbell Well # 1

Field Name Nescatunga

Producing Formation None

Elevation: Ground 2063 KB 2075

Total Depth 569' PBTD -

Amount of Surface Pipe Set and Cemented at - 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 D&A, LOST HOLE
(Data must be collected from the Reserve Pit) 3-18-99 U.C.

Chloride content _____ ppm Fluid volume _____ bbls

Deaerating 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, 130 S. Market - Room 2078, 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.

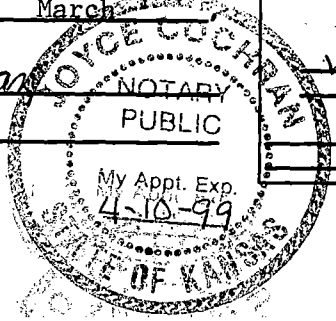
Signature Kent Roberts

Title LEASE OPERATION MANAGER Date 3/12/99

Subscribed and sworn to before me this 12th day of March 19 99.

Notary Public Joyce Cochran

Date Commission Expires 4-10-99



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)

ORIGINAL

SIDE TWO

Operator Name Hummon Corporation Lease Name Campbell Well # 1
 County Comanche
 East
 Sec. 22 Twp. 32 Rge. 18 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E.Logs Run:			

5, 8

* Lost Hole * Ran 1 joint 42.40' 8 5/8' as marker jt. for hole.

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
Marker	12 1/4	8 5/8	24	42'	65/35Poz	175	

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD, or Inj.		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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

5-033-20999-00-00 ORIGINAL

ALLIED CEMENTING CO., INC. 9561

Federal Tax I.D.#

COPY

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>2-9-99</u>	SEC. <u>22</u>	TWP. <u>32s</u>	RANGE <u>18w</u>	CALLED OUT <u>12:30 pm</u>	ON LOCATION <u>2:00 pm</u>	JOB START <u>10:45 pm</u>	JOB FINISH <u>11:15p</u>
LEASE <u>Ambell</u> WELL# <u>1</u>		LOCATION <u>160 + Wilmore black top</u>		COUNTY <u>Comanche</u>	STATE <u>Ks.</u>		
OLD OR <u>NEW</u> (Circle one)		<u>2w, 2/3s, 1/2w, 1/4w</u>					

CONTRACTOR Abercrombie
 TYPE OF JOB Surface / Rotary plug
 HOLE SIZE 12 1/4 T.D. 560
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 x 16.60 DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 50 MINIMUM -
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Hummon Corp.
 CEMENT
 AMOUNT ORDERED 175 5x 65:35:6+3%cc + 1/4 flo-seal
100 5x A+3%cc + 2% gel
(Used All hite + 15 5x A3+2)

EQUIPMENT

PUMP TRUCK CEMENTER Carl Balching
 # 256-265 HELPER Stane Winsor
 BULK TRUCK
 # 240-251 DRIVER Mark Brungardt
 BULK TRUCK
 # _____ DRIVER _____

COMMON <u>A 15</u>	@ <u>6.35</u>	<u>95.25</u>
POZMIX _____	@ _____	_____
GEL _____	@ <u>9.50</u>	_____
CHLORIDE <u>6</u>	@ <u>28.00</u>	<u>168.00</u>
<u>ALLW 175</u>	@ <u>6.00</u>	<u>1050.00</u>
<u>FLO-SEAL 44#</u>	@ <u>1.15</u>	<u>50.60</u>
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>275</u>	@ <u>1.05</u>	<u>288.75</u>
MILEAGE <u>275 x 38</u>	<u>-.04</u>	<u>418.00</u>

TOTAL \$2070.60

REMARKS:

SERVICE

Loss Circulation 350' Drill to 560'
Stop Drilling with washout in cellar.
Lay Down Drill pipe + collars,
Run 250' of Drill pipe + Tag Bridge.
Break circulation with RM pump.
Pump 175 5x 65:35:6+3%cc + 1/4 Flo-seal
Circulate cement to surface.
plug lost hole w/ 15 5x A3+2

DEPTH OF JOB <u>250'</u>	_____	_____
PUMP TRUCK CHARGE _____	_____	<u>470.00</u>
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>38</u>	@ <u>2.85</u>	<u>108.30</u>
PLUG _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

TOTAL \$578.30

CHARGE TO: Hummon Corp.
 STREET 950 N. TYLER ROAD
 CITY WICHITA STATE KANSAS ZIP 67212

RECEIVED FLOAT EQUIPMENT
 KANSAS CORPORATION COMMISSION
MAR 16 1999
 CONSERVATION DIVISION
 WICHITA, KS

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____
 TAX _____
 TOTAL CHARGE 2648.90
 DISCOUNT 397.33 IF PAID IN 30 DAYS
 NET \$ 2251.57

SIGNATURE Kent Roberts

KENT ROBERTS
 PRINTED NAME