

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

Operator: License # 30931

Name: Daystar Petroleum, Inc.

Address 1321 W. 93rd N.

City/State/zip Valley Center, KS 67147-9136

Operator Contact Person: Charles Schmidt

Phone (316) 755-3523

Contractor: Name: _____

License: _____

Wellsite Geologist: None

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:

SOURCE PETROLEUM

Operator: _____

Well Name: Lousch A #1

Comp. Date 11/90 Old Total Depth 6081

____ Deepening Re-perf. ____ Conv. to Inj/SWD
 Plug Back 5770' PBTB
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) ____ Docket No. ____

1-11-97 1/16/97
Date of Reentry Date Reached TD Completion Date

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 Charles Schmidt

Title President Date 3/6/97

Subscribed and sworn to before me this 6 day of March, 1997.

Notary Public Lylia M. Clark

Date Commission Expires 12-21-99



SIDE ONE

API NO. 15- ~~171-20-446~~ 033-20,791-0001

County Comanche

E/2 - NE - NW Sec. 6 Twp. 33S Rge. 18W E W

4620 Feet from N (circle one) Line of Section

2970 Feet from W (circle one) Line of Section

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

Lease Name Lousch "A" "OWNO" Well # 1

Field Name Wildcat

Producing Formation Viola

Elevation: Ground 2085 KB 2097

Total Depth 6225 PBTB 5770

Amount of surface Pipe Set and Cemented at 641'

Multiple Stage Cementing Collar Used? ____ Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from NA feet depth to _____ w/ _____ sx amt.

REENTRY JH 3-11-97
RECEIVED
KANSAS CORPORATION COMMISSION
MAR 10 10 28

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pits)

Chloride content _____ ppm Fluid volume _____

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. _____

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)

SIDE TWO

Operator Name Daystar Petroleum, Inc. Lease Name Lousch "A" Well # 1

East

Sec. 6 Twp. 33S Rge. 18W West County Comanche

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 type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datums
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CASING RECORD							
Report all strings set conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole	Size Casing	Weight	Setting	Type of Cement	# Sacks Used	Type and Percent Additives
	Drilled	Set (In O.D.)	Lbs./Ft.	Depth	Cement	Used	Additives

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	CIPB @ 5770'; perf @ 4743-50	500 gls 15% NE-FE	4743

TUBING RECORD	Size 2 3/8	Set At 4730'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 1/16/97		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil 0 Bbls	Gas 300 Mcf.	Water 5 Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf Dually Comp. Commingled 4743-50
 (If vented, submit ACO-18)

Other (Specify) _____