

ORIGINAL

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

API NO. 15- 3320905000 0002

County Comanche
- NW - SW - NE Sec. 1 Twp. 33 Rge. 19 X E/W

Operator: License # 3882

1500 Feet from S/W (circle one) Line of Section

Name: Samuel Gary, Jr. and Assoc., Inc

2000 Feet from B/W (circle one) Line of Section

Address 1670 Broadway, Ste 3300

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

City/State/Zip Denver, CO 80202

Lease Name Phillips Well # 1-7

Purchaser: Kansas Gathering System

Field Name Wildcat

Operator Contact Person: Craig Ambler

Producing Formation Lansing/KC Drum

Phone (303) 831 4673

Elevation: Ground 2048 KB 2061

Contractor: Name: n/a

Total Depth 6400 PBDT 4800

License: _____

Amount of Surface Pipe Set and Cemented at 646 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? _____ Yes X No

Designate Type of Completion

If yes, show depth set _____ Feet

_____ New Well _____ Re-Entry X _____ Workover

If Alternate II completion, cement circulated from _____

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

feet depth to _____ w/ _____ sx cmt.

If Workover:

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

Operator: Samuel Gary, Jr. and Assoc., Inc.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: Phillips #1-7

Dewatering method used _____

Comp. Date 7/28/95 Old Total Depth 6400

Location of fluid disposal if hauled offsite: _____

_____ Deepening X _____ Re-perf. _____ Conv. to Inj/SWD
X _____ Plug Back 4800 PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

11/20/95 n/a 11/21/95
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

County _____ Docket No. _____

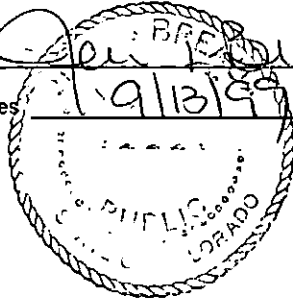
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 [Signature]
Title PRESIDENT Date 1/19/96

Subscribed and sworn to before me this 19 day of January, 19 96.

Notary Public [Signature]
Date Commission Expires 1-9-1999



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)

Operator Name Samuel Gary, Jr. and Assoc., Inc. Lease Name Phillips Well # 1-7

Sec. 1 Twp. 33 Rge. 19 East West
County Comanche

ORIGINAL

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 Yes No
(Attach Additional Sheets.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run: No new logs run

Log Formation (Top), Depth and Datums Sample
Name Top Datum
Same as original ACO-1

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 Plugs, Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Bridge plug	Cast Iron	4800
4	4669-4674		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	4602	4602	
Date of First, Resumed Production, SWD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
11/21/95				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	0	495	0	

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: 4669'-4674'