

ORIGINAL

Corrected spot footages

CONFIDENTIAL

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

Operator: License # 5011
Name: Viking Resources, Inc.
Address: 105 S. Broadway, Ste 1040

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City/State/Zip: Wichita, KS 67202-4224

Purchaser: Twister Gas Services, L.L.C. (gas) / EOTT (oil)

Operator Contact Person: Shawn Devlin

KCC

Phone: (316) 262-2502

Contractor: Name: _____

JAN 05 1999

License: _____

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Wellsite Geologist: _____
Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: Viking Resources, Inc.

Well Name: Clawson 1-19

Comp. Date 05/29/98 Old Total Depth 5700

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBDT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

Spud Date _____ Date reached TD _____ Completion Date 10/16/98

API NO. 15- 15-119-20759,0002

County Meade

NW NW NW SE Sec 19 Twp 32s Rge 28 XW

2470 Feet from S /N (circle one) Line of Section

2625 Feet from E /W (circle one) Line of Section

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

Lease Name Clawson Well # 1-19 OWWO

Field Name New Pool

Producing Formation Chester/KC Swope

Elevation: Ground 2550 KB 2555

Total Depth 5700 PBDT _____

Amount of Surface Pipe Set and Cemented at 1572 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 OWWO 4-27-99 JK
(Data must be collected from the Reserve Pit)

Chloride Content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled off site _____
RECEIVED
KANSAS CORPORATION COMMISSION

Operator Name _____

APR 27 1999
4-27-99

Lease Name _____ License No. _____

CONSERVATION DIVISION
WICHITA, KS

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, 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.
RELEASED

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.
MAR 28 2001

Signature [Signature]

Title Vice President Date 4/27/99

Subscribed and sworn to before me this 27th day of April

19 99
Notary Public [Signature]

Date Commission Expires September 30, 2002

JULIE JONES
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 9-30-02

K.C.C. OFFICE USE ONLY **CONFIDENTIAL**
F _____ Letter of Confidentiality Attached
C Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGA
_____ KGS _____ Plug _____ Other
(Specify)
Form ACO-1 (7-91)

X

ORIGINAL

SIDE TWO

Operator Name Viking Resources, Inc. Lease Name Clawson Well # 1-19 OWWO

Sec 19 Twp 32s Rge 28 East West County Meade

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 sheets 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	RELEASED MAR 28 2001 FROM CONFIDENTIAL		
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run: Radiation Guard				

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
Surface	12 1/4	8 5/8		1574			
Production	7 7/8	5 1/2	14 & 15.5#	5668	ASC	200	

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
2	5575-5595	2000 gal 15% MCA	5575-5595
		20000 gal 20% w/25000 gelled wate	5575-5595
4	4898-4901		

TUBING RECORD		Size <u>none</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj	Producing Method				
<u>10/16/98</u>	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Oil Per 24 Hours	Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
<u>14</u>		<u>5100</u>	<u>15</u>		<u>42</u>

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<u>5575-5595</u> <u>4898-4901</u>