

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

ORIGINAL

API NO. 15- 175-20,7590001
County Seward
SW-SW - NW Sec. 22 Twp. 33S Rge. 32 X M

Operator: License # 06230

Name: First National Oil, Inc.

Address 23 E. 11th

City/State/Zip Liberal, KS 67901

Purchaser: Aurora Natural Gas

Operator Contact Person: Bill Carlisle

Phone (316) 624-1664

Contractor: Name: Bruce Well Service

License: 07407

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

Operator: Raw Energy Corporation

Well Name: #1-22 Arkalon

Comp. Date 6-10-84 Old Total Depth 5900'

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

11-1-94 11-1-94 11-25-94
Spud Date Date Reached TD Completion Date

2310 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

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

Lease Name Arkalon Well # 1-22

Field Name Arkalon

Producing Formation Herrington/Upper Krider

Elevation: Ground 2696' KB 2708'

Total Depth 5900' PBTB 2602'

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 OWSO 3-5-96 JK
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____ **RELEASED**

Lease Name _____ License No. _____

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

County _____ Docket No. _____ **FROM CONFIDENTIAL**

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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.

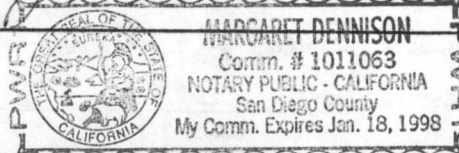
Signature _____

Title President Date 12-28-94

Subscribed and sworn to before me this 28th day of December, 19 94.

Notary Public Margaret Dennison

Date Commission Expires _____



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)

STATE CORPORATION COMMISSION
RECEIVED
JAN 12 1995

Operator Name First National Oil, Inc. Lease Name Arkalon Well # 1-22
 Sec. 22 Twp. 33S Rge. 32 East County Seward
 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 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:
 Cement Bond

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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
Production	7 7/8"	4 1/2"	10.5#	5821'	50/50POZ	175	10% salt 3/4% CFR2, 50xaxH, 12% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2200- 2620'	Class H	100	2% CC 1/4# cello Class H	

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
4	CIBP @ 3350'		3000 gal 15%HCL with surfactant, inhibitor & clay stabilizer & 400 ball sealers 30,000 gal H ₂ O, 30,000#sd.	2480'
4	2571'-2595'			
4	2556'-2571'			
4	2530'-2546'			
4	2496'-2502'			

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"		2520'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
11-27-94	<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 Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
		854 mcfpd		266 bbls/day		

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 _____