

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5225

Name: Quinque Operating Company

Address: P. O. Box 2738

City/State/Zip: Liberal, KS 67905

Purchaser:

Operator Contact Person: Michael Moore

Phone: (316) 624-2578

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/Re-entry: Old Well Info as follows:

Operator: Quinque Operating Company

Well Name: Jessie S #2-32

Original Comp. Date: 12/31/96 Original Total Depth: 5950

Deepening Re-perf. Conv. to Enhr./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. E-27,793

8/31/00

8/31/00

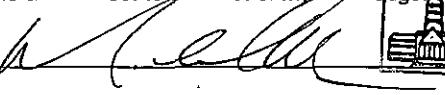
Spud Date of **START**
Recompletion Date
at WORKOVER

Date Reached TD

Completion Date of
Recompletion Date
at WORKOVER

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 of 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

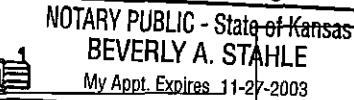
Date: _____

Subscribed and sworn to before me this 4 day of October, 2000.

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Notary Public:

Date Commission Expires: 11-27-03



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Quinque Operating Company

Jessie S

2-32

Operator Name: _____ Lease Name: _____ Well #: _____
 Sec. 32 Twp. 34 S. R. 30 East West County: Meade

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | | | |
|--|---|---|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Datum |
| Electric Log Run (Submit Copy) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| List All E. Logs Run: | | | |

| 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 | # Sacs Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ADDITIONAL CEMENTING / SQUEEZE RECORD

| Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|--|------------------|----------------|--------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |

| 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 | 4439-4449' | | | 500 gals. NE FE HCL, w/ 20 ball sealers | | @ perfs |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| TUBING RECORD | | Size 2 5/8 | Set At 4412' | Packer At 4412' | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|--|------------|--------------|-----------------|-----------|---|
| | | | | | | |

| Date of First, Resumed Production, SWD or Enhr. | | 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 N/A | Bbls. | Gas N/A | McF | Water N/A | Bbls. | Gas-Oil Ratio |
| | | | | | | | Gravity |

| Disposition of Gas | METHOD OF COMPLETION | | INJECTION Production Interval | | | 4439'-4449' |
|--|--|--|-------------------------------|--|--|-------------|
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit 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) | | | | | |

