

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

API NO. 15- 119-20, 949000

CONFIDENTIAL

County Meade

Operator: License # 30129

Name: Eagle Creek Corporation

Address 107 N. Market Suite 509

City/State/Zip Wichita, Ks. 67202

Purchaser: Duke Energy

Operator Contact Person: Dave Callewaert

Phone (316) 264-8044

Contractor: Name: Key Energy Well Service

License: _____

Wellsite Geologist: Dave Callewaert

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:

Operator: Key Energy Well Service

Well Name: Horace #1-17

Comp. Date 8-31-95 Old Total Depth 6305

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

10-28-99 n/a 10/30/99
Spud Date Date Reached TD Completion Date

E/2-NE Sec. 17 Twp. 34S Rge. 29 X^E_W
1440; Feet from 67N (circle one) Line of Section
830 Feet from E (circle one) Line of Section

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

Lease Name Horace Well #: 1-17

Field Name Adams Ranch

Producing Formation Marmaton

Elevation: Ground 2522 2527 KB

Total Depth 6305 PBTB 5230

Amount of Surface Pipe Set and Cemented at 1579 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 Re-work 2-17-00 U.C.
(Data must be collected from the Reserve Pit) no pits

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

RELEASED

Operator Name _____

Lease Name MAR License #

Quarter _____ Sec. _____ Twp. _____ S 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, 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 11-16-99

Subscribed and sworn to before me this 16th day of November, 19 99.

Notary Public [Signature]

Date Commission Expires 2-24-2001

| | | |
|-------------------------------------|------------------------------------|--|
| K.C.C. OFFICE USE ONLY | | |
| <input checked="" type="checkbox"/> | Letter of Confidentiality Attached | |
| <input checked="" type="checkbox"/> | Wireline Log Received | |
| <input checked="" type="checkbox"/> | Geologist Report Received | |
| Distribution | | |
| <input type="checkbox"/> KCC | <input type="checkbox"/> SWD/Rep | <input type="checkbox"/> NGPA |
| <input type="checkbox"/> KGS | <input type="checkbox"/> Plug | <input type="checkbox"/> Other (Specify) |

HELEN M. EGHOLM
Notary Public - State of Kansas
My Appt. Expires 2-24-2001

SIDE, TWO

Operator Name Eagle Creek Corporation

Lease Name Horace

Well # 1-17

Sec. 17 Twp. 34 Rge. 29
 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 sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 see original ACO-1
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.) Sent with original ACO-1
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See original ACO-1

RELEASED

MAR 28 2001

FROM CONFIDENTIAL

CASING RECORD

New 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 |
|----------------|--|--|-------|
| 4 shots/ft | 5257.5 to 5255 | | |
| 4 shots/ft | 5172.5-5175 | | |
| | Set bridge plug at 5230 | | |
| | Set packer at 5148 | | |

| TUBING RECORD | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|--|---------|-------------|---------------|---|
| | 2.875" | 5148 | 5148 | | |
| 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) | | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| | 1 | 450 | | | 52 |

Disposition of Gas: METHOD OF COMPLETION

Production Interval 5172.5-5175

Vented Sold Used on Lease
 (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

