

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

Operator: License # 8076

Name: Gamma Resources, Inc.

Address P. O. Box 800

City/State/Zip Liberal, KS 67905-0800

Purchaser: N/A

Operator Contact Person: Terry W. Maxwell

Phone (316) 624-6405 or FAX 1986

Contractor: Name: Patrick Well Serv.

License: _____

Wellsite Geologist: _____

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: Kaiser-Francis

Well Name: Black 1

Comp. Date 6-19-93 Old Total Depth 6100

____ Deepening ____ Re-perf. ____ Conv. to Inj/SWD

____ Plug Back ____ PBTB

____ Commingled ____ Docket No. _____

____ Dual Completion ____ Docket No. _____

Other (SWD or Inj?) Docket No. _____

Spud Date _____ Date Reached TD 2-5-96 Completion Date _____

API NO. 15- 175 20, 6880002 ORIGINAL

County Seward

NE NE NE Sec. 11 Twp. 34 Rge. 31 ^E/_W

330 Feet from N (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 Black SWD Well # 1

Field Name Iris

Producing Formation Cedar Hills

Elevation: Ground 2726 KB 2737

Total Depth 1140-cemt plug PBTB 1140

Amount of Surface Pipe Set and Cemented at 1518 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 SWD 6-3-96
(Data must be collected from the Reserve Pit) OWO LI

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

____ 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 - 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.

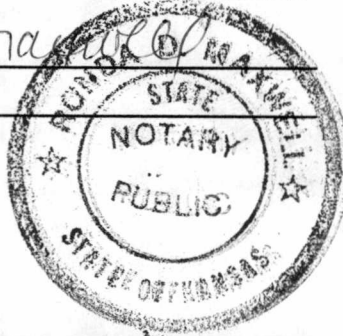
Signature Terry W Maxwell

Title President Date 3-7-96

Subscribed and sworn to before me this 7 day of March, 19 96.

Notary Public Linda D. Francis

Date Commission Expires 12-13-96



1 BOARD LOG IN HIS FILE - ME

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input 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)

Operator Name Gamma Resources, Inc. Lease Name Black SWD Well # 1
 Sec. 11 Twp. 34S Rge. 31W 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: CBL-CCL-GR-Log

Log Formation (Top), Depth and Datums Sample
 Name Cedar Hills Top 1030 Datum +1707

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	24	1518	Howco lite/600 H	150	lite-2%CC-1/4# 3%CC flake

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
1	1050 - 1080	1000 gal 15% HCL	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 7/8	1010	1012	
Date of First, Resumed Production, SWD or Inj.		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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio

Disposition of Gas: **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____