

ORIGINAL

SIDE ONE

FORM MUST BE TYPED

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

Operator: License # 6945

Name: INCA OIL CORPORATION

Address 101 Park Avenue, Suite 310

City/State/Zip Oklahoma City, OK 73102

Purchaser: _____

Operator Contact Person: Darlene VanDeburgh

Phone (405) - 272-9345

Contractor: Name: WELL TECH

License: _____

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

Oil SMD SLOW Temp. Abd.
 Gas ENNR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: INCA OIL CORPORATION

Well Name: Hays #1

Comp. Date 2/10/82 Old Total Depth 5922'

Deepening Re-perf. Conv. to Inj/SMD
 Plug Back 5500 PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SMD or Inj?) Docket No. _____
9-8-97 9/16/97

Date of START Date Reached TD Completion Date of
OF WORKOVER OF WORKOVER

API NO. 15- 175-20,576 0001

County Seward

SW/4 SE/4 Sec. 9 Twp. 34S Rge. 31W E

660 Feet from N (circle one) Line of Section

1980 Feet from E/W (circle one) Line of Section

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

Lease Name Hays Well # #1

Field Name N/A

Producing Formation Marathon Marmaton

Elevation: Ground 2496 KB 2507

Total Depth 5922 PBTD 5500

Amount of Surface Pipe Set and Cemented at 1362 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/ _____ ex cmt.

Drilling Fluid Management Plan REWORK 48-11-10-97
(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 _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

STATE OF KANSAS
OCT 1 1997
JAMES N. TOLSON
W. G. BAKER
MISSOURI
KANSAS

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 Ralph Baker Ralph Baker
Title Production Manager Date 10/8/97

Subscribed and sworn to before me this 8th day of October, 19 97.

Notary Public Darlene J. VanDeburgh

Date Commission Expires 3/12/01

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

SIDE TWO

ORIGINAL

Operator Name INCA OIL CORPORATION

Lease Name HAYS

Well # 1

Sec. 9 Twp. 34S Rge. 31 East West

County Seward

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 (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

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

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

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	3150-3600	Premium	200-sx	Halad 327 -6/10%
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				290 CC

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
		Cast Iron Bridge Plug	5500'		
2	4" GCPP	13 holes	3000 gals	15% HCL	5066-72
	holes in casing (tested BHP to 1900')		200 xs	Premium-Cement	3150-3600

TUBING RECORD

Size 2-3/8" Set At 5100' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. 10/06/97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>3.34</u> Bbls.	Gas <u>10</u> Mcf	Water <u>30</u> Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Coningled 5066'-5072'

Production Interval Other (Specify) _____