

ORIGINAL

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

API NO. 15- 007-22,275 -006
County Barber
140' W & 20' N of the E
NE - NW - - - - Sec. 7 Twp. 31S Rge. 12W W

Operator: License # 5255

Name: McGinness Oil Company

Address 150 N. Main, Suite 1026

City/State/Zip Wichita, KS 67202

Purchaser: Kansas Gas Supply

Operator Contact Person: Douglas H. McGinness

Phone (316) 267-6065

Contractor: Name: N/A

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

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

Operator: Robba Exploration

Well Name: #1 Gress

Comp. Date 4579' Old Total Depth 04-07-90

Deepening Re-perf, Conv. to Inj/SWD
 Plug Back 3400' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7-27-95 Date of START Date Reached TD
OF WORKOVER 07-28-95 Completion Date OF
WORKOVER

4640' Feet from N (circle one) Line of Section
3440' 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 Gress Well # 1

Field Name: Nurse

Producing Formation Topeka

Elevation: \ Ground 1696' KB 1701'

Total Depth 4579' PBDT _____

Amount of Surface Pipe Set and Cemented at 282' 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 JH 2-15-96
(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 NOV 1 1996 License No. _____

Quarter 3 Sec. _____ Twp. _____ Rng. _____ E/W

County FROM CONFIDENTIAL Docket No. _____

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 Douglas H. McGinness

Title President Date 10-17-95

Subscribed and sworn to before me this 17th day of October 19 95.

Notary Public DeAnn Renee Konkel

Date Commission Expires April 8, 1997
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 4-8-97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Logs Attached
C Geologist Report Received
Distribution OCT 20 1995
 KCC SWD/Rep NSGA
 KGS Other
CONSERVATION DIVISION (Specify)
Wichita, Kansas

Operator Name McGinness Oil Company Lease Name Gress Well # 1

Sec. 7 Twp. 31S Rge. 12W East West County Barber

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:

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Workover

Workover

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	3304' to 3306'	None	
	CIBP @ 3400'		
H	3632'-3636'		

TUBING RECORD Size 2 3/8" Set At 3286' Packer At None Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. August 7, 1995 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	600	0		

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 3304' to 3306'