

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

Operator: License # 06230
Name: First National Oil, Inc.
Address 23 E. 11th
City/State/Zip Liberal, Kansas 67901
Purchaser: Panhandle Trading
Operator Contact Person: Bill Carlisle
Phone (316) 624-1664
Contractor: Name: Bruce Well Service
License: 07407
Wellsite Geologist: _____
Designate Type of Completion
 New Well X Re-Entry Workover
 Oil SWD SIGW Temp. Abd.
X Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:
Operator: Samson Resources Co.
Well Name: Stanley #2
Comp. Date 7-23-87 Old Total Depth 4850'
 Deepening X Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
10-1-92 10-6-92 12-13-93
Spud Date Date Reached TD Completion Date

API NO. 15- 175-20726-0002
County Seward ORIGINAL
 - NE- SW- SW Sec. 24 Twp. 32S Rng. 32 X EW
990' Feet from (S) (circle one) Line of Section
990' Feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Stanley Well # 2-24
Field Name Chinook (Fedder)
Producing Formation Chase
Elevation: Ground 2804' KS _____
Total Depth 4850' PSTD 4755'
Amount of Surface Pipe Set and Cemented at 1690 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.
Brilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Desulfuring method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. Rng. E/W
County _____ 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 _____
Title President Date 12-22-94
Subscribed and sworn to before me this 22 day of December
19 94
Notary Public Margaret Dennison
Date Commission Expires _____



STATE CORPORATION COMMISSION 12-27-94
K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name First National Oil Lease Name Stanley Well # 2-24

Sec. 24 Twp. 32S Rge. 32W
 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 Cement Bond
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Permian Top Datum
 Log attached

CASING RECORD <input checked="" 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
Production	7 7/8	5 1/2	14#	4790	50/50 Poz	125	2% gel 2% CaCl

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2617-18	Class H	150 sx	2% CaCl

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	4630-4642	1000 gal 15% HCL	4630-42
	Bridge plug CIBP @ 2760'		
4	2716-2728	1000 gal 15% HCL	2716-28
4	2669-2694 1000 gal 15% HCL	30,000 gal H ₂ O 28,000 #Scl	2669-94

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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
			100 mcfpd +		140 bbls/day			

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 _____