FORM MUST BE TYPED

CONFIDENTIAL

COPY

SIDE ONE

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

API NO. 15- 097-21374-0000

County Kiowa

70' W of E/2 SE NW Sec. 23 Twp. 29S Rge. 18 E/X/W

1980 Feet from S/(N) (circle one) Line of Section

2240 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 Schmidt Trust Well # 1-23

Field Name Nichols NE
* Temp Abandoned
Producing Formation Mississippian; Lansing / KC 'A'

Elevation: Ground 2165' KB 2174'

Total Depth LTD = 4949', RTD = 4950' PBTD 4297' w/ CIBP

Amount of Surface Pipe Set and Cemented at 520' @ 531 Feet

Multiple Stage Cementing Collar Used? ___ Yes X No

If yes, show depth set ___ Feet

If Alternate II completion, cement circulated from ___
feet depth to ___ w/ ___ sx cmt.

Operator: License # 4243

Name: Cross Bar Petroleum, Inc.

Address Centre City Plaza
151 N. Main, Suite 630

City/State/Zip Wichita, KS 67202-1407

Purchaser: N/A

Operator Contact Person: C. K. Morrison

Phone (316) 265-2279

Contractor: Name: Murfin Drilling Co., Inc.

License: 30606

Wellsite Geologist: Thomas E. (Tom) Blair
Richard S. (Steve) Davis

Designate Type of Completion
X New Well ___ Re-Entry ___ Workover

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

If Workover:

Operator: ___

Well Name: ___

Comp. Date ___ Old Total Depth ___

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

11-10-97 Spud Date
11-19-94 Date Reached TD
12-23-94* Completion Date
*SI - Temp Abd

Drilling Fluid Management Plan ALT 1 JH 4-9-96
(Data must be collected from the Reserve Pit)

Chloride content 29,000 ppm Free Fluid volume ~700 bbls

Dewatering method used Allow to evaporate dry, then backfill

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, 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 C K Morrison

Title C. K. Morrison, Operations Manager Date 1-11-95

Subscribed and sworn to before me this 11th day of January, 19 95.

Notary Public Martha A. Bryan

Date Commission Expires 7-24-97 Martha A. Bryan

K.C.C. OFFICE USE ONLY
F ✓ Letter of Confidentiality Attached
C ✓ Wireline Log Received
C ✓ Geologist Report Received

Distribution
___ KCC ___ SWD/Rep ___ NGPA
___ KGS ___ Plug ___ Other (Specify)

Form ACO-1 (7-91)

MARTHA A. BRYAN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-24-97