

**KANSAS CORPORATION COMMISSION
Oil & Gas Conservation Division
WELL COMPLETION FORM
WELL HISTORY- DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must be Typed

ORIGINAL

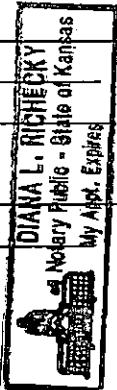
Operator License #: 8061
 Name: Oil Producers, Inc. of Kansas
 Address: P.O. Box 8647
 City/State/Zip: Wichita, Ks. 67208
 Purchaser: _____
 Operator Contact Person: Diana Richecky
 Phone: (316) -681-0231
 Contractor Name: Mallard JV, Inc.
 License: 4958
 Wellsite Geologist: William H. Shepherd
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ Workover
 _____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
X Dry _____ Oher (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 _____ Deepening _____ Re-perf. _____ Conv. To Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
 _____ 5/30/00 _____ 6/8/00 _____ 6/26/00
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-097-21,454 - 0000
 County: KIOWA
 W/2- W/2 - SW Sec. 27 Twp. 29 S. R. 19 East West
1320 feet from S N (circle one) Line of Section
4840 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 _____ (circle one) NE SE NW SW
 Lease Name: Hayse Well #: #1
 Field Name: SW RHOADES
 Producing Formation: NA
 Elevation: Ground: 2351 Kelly Bushing: 2356
 Total Depth: 5240 Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 642 Feet
 Multiple Stage Cement Collar Used? Yes No
 If yes, show depth set _____
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.
 Drilling Fluid Management Plan: P+A, 9-21-00 UIC.
 (Data must be collected from the Reserve Pit)
 Chloride content 22480 ppm. Fluid volume 240 bbls.
 Dewatering method used evaporation and restore site
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No. _____
 Quarter _____ Sec. _____ Twp. _____ S. R. East West
 County _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with 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 82-3-120 and 82-3-107 apply. Information of side two of this form will 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 John S. Wilk
 Title: President Date: 7/20/00
 Subscribed and sworn to before me this 20th day of July
 2000.
 Notary Public Diana L. Richecky
 Date Commission Expires: Jan. 12, 2004



KCC Office Use ONLY

_____ Letter of Confidentiality Attached
 _____ If Denied, Yes Date _____
 Wireline Log Received
 Geological Report Received
 _____ UIC Distribution

X

Operator Name: Oil Producers, Inc. of Ks. Lease Name: Hayse Well #: 1
 Sec. 27 Twp. 29 S. R. 19 East West County: Kiowa

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Geological log, Sonic log, Dual Induction log, Compensated neutron density log</u> <u>DUAL RECEIVER CEMENT BOND LOG</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3571'</td> <td>-2201'</td> </tr> <tr> <td>Lansing</td> <td>3772'</td> <td>-2402'</td> </tr> <tr> <td>Mississippian</td> <td>4476'</td> <td>-3106'</td> </tr> </table>	Name	Top	Datum	Heebner	3571'	-2201'	Lansing	3772'	-2402'	Mississippian	4476'	-3106'
Name	Top	Datum											
Heebner	3571'	-2201'											
Lansing	3772'	-2402'											
Mississippian	4476'	-3106'											

RECEIVED
STATE CORPORATION COMMISSION

III 21 2000

CONSERVATION DIVISION

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Wichita, Kansas							
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	# Sac's Used	Type and Percent Additives
surface	12 1/4"	8 5/8"	24#	642	60 40 Poz	230	2% gel
production		4 1/2"	10.5#	5453	EA-2	125	3% CC

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	see initial completion report			

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
	see initial completion report		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>plugged</u>		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 Mcl	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____