

191-21262-0000 ORIGINAL

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

API NO. 15- 191-21260001
County Sumner
NE SE SW Sec. 13 Twp. 35 Rge. 1 E/W

Operator: License # 30900

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

Name: DAR-LON OPERATING

2970 Feet from E/W (circle one) Line of Section

Address BOX 158

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

City/State/Zip LAMONT, OKLAHOMA 74643

Lease Name CROW Well # 1-13

Purchaser: None

Field Name HONEYWELL

Operator Contact Person: DAN DARLING

Producing Formation CHAT

Phone (405) 388-4567

Elevation: Ground 1089 KB 1099

Contractor: Name: INDEPENDENT WELL SERVICES

Total Depth 4025 PBDT 3840

License: 30586

Amount of Surface Pipe Set and Cemented at 325 Feet

Wellsite Geologist: BILL HAMILTON

Multiple Stage Cementing Collar Used? Yes No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

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

Drilling Fluid Management Plan alt 5-10-4603-96
(Data must be collected from the Reserve Pit) rw

Operator: F & M Oil Company Inc.

Chloride content 2000 ppm Fluid volume 200 bbls

Well Name: I-Crow

Dewatering method used EVAPORATION

Comp. Date 5-2-81 Old Total Depth 4035

Location of fluid disposal if hauled offsite: _____

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

Operator Name _____

Lease Name _____

5-2-81 5-2-81

Quarter Sec. Twp. S Rng. E/W

Spud Date Date Reached TD Completion Date

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 Dan Darling

Title OWNER-OPERATOR Date 3-8-96

Subscribed and sworn to before me this 8TH day of MARCH 19 96.

Notary Public [Signature]

Date Commission Expires MAY 20, 1998

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)

Operator Name DAR-LON OPERATING

Lease Name CROW

Well # 1-13

Sec. 13 Twp. 35 Rge. 1

East

County SUMNER

West

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.)

Log Formation (Top), Depth and Datum Sample

Name Top Datum

List All E.Logs Run:
Acoustic Cement Bond Log

CASING RECORD <input type="checkbox"/> New <input checked="" 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	15.5	3840	premium	100	Rodman Mix

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	3692-3705	1500 gal 7 1/2% MC Acid	

TUBING RECORD Size 2 7/8 Set At 3640 Packer At 3610 Liner Run Yes No

Date of First Resumed Production, SWD or Inj. NONE Producing Method Flowing Pumping Gas Lift Swabbing Other (Explain)

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

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

ORIGINAL

(Form 1002C
(Rev. 1993))

CEMENTING REPORT
TO ACCOMPANY COMPLETION REPORT

API NO. 15-191-21260-0001

DIC/OCC OPERATOR NO.

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Jim Thorpe Office Building
Oklahoma City, Oklahoma 73105-4993
OAC 165:10-3-4(h)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

886430

TYPE OR USE BLACK INK ONLY

Field Name:	P.O.C.C. District
Operator: <u>DAKING OIL & GAS - LON</u>	County
Lease Name: <u>Crow</u>	Well Number <u>1</u>
Location: <u>1/4</u> <u>1/4</u> <u>1/4</u> <u>1/4</u> Sec. <u> </u> Twp. <u> </u> Rge. <u> </u>	

CEMENT CASING DATA	CONDUCTOR CASING	SURFACE CASING	ALTERNATIVE CASING	INTERMEDIATE CASING	PRODUCTION STRING	LINER
Cementing Date					11-15-95	
Size of Drill Bit (inches)						
Estimated % wash or hole enlargement used in calculations						
Size of Casing (inches O.D.)						
Top of Liner (if liner used) (ft.)						
Setting Depth of Casing (ft.) from ground level						
Type of Cement (API Class) In first (lead) or only Slurry					Premium	
In second Slurry						
In third Slurry						
Sacks of Cement Used In first (lead) or only Slurry					400	
In second Slurry						
In third Slurry						
Vol of Slurry pumped (Cu ft) (14.X15.) In first (lead) or only Slurry					24.9	
In second Slurry						
In third Slurry						
Calculated Annular Height of Cement behind Pipe (ft)					500'	
Cement left in pipe (ft)					4 1/2'	

Amount of Surface Casing Required (from Form 1000) _____ ft.

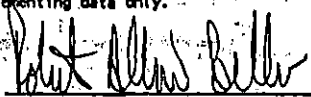
Was cement circulated to Ground Surface? Yes No

Was Cement Staging Tool (DV Tool) Used? Yes No

Was Cement Bond Log run? Yes No (if so, ATTACH COPY) If Yes, at what depth _____ ft.

(CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM.)
* Designates items to be completed by Operator. Items NOT so designated shall be completed by the Cementing Company.

RECEIVED
HANGAR CORP COMM
11/10/95

Remarks REPORT MADE 12/27/73	Remarks
CEMENTING COMPANY	OPERATOR
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.	I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.
	
Signature of Cementer or Authorized Representative	*Signature of Operator or Authorized Representative
Robert Allen Bilbo Service Supervisor	
Name of Person and Title (Type or Print)	*Name of Person and Title (Type or Print)
Halliburton Energy Services	
Cementing Company	*Operator
P.O. Box 1647	
Street Address or P.O. Box	*Street Address or P.O. Box
ENID OK 73703	
City State Zip	*City State Zip
1-800-580-3353	
Telephone (AC) Number	*Telephone (AC) Number
11-95	
Date	*Date

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original and one copy of this form shall be filed as an attachment to the Completion Report, (Form 1002A) for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form (to be filed in duplicate).
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW THE CORPORATION COMMISSION REGULATIONS.
5. TYPE OR USE BLACK INK ONLY.

ORIGINAL



HALLIBURTON ORIGINAL

HEMI CO.
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

INVOICE NO. 886430 DATE 11/15/1995

WELL/LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
CROW 1	SUMNER	KS	DARLING OIL CO
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
ENID	INDEPENDENT WELL SER	CEMENT PRODUCTION CASING	11/15/1995
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
216678	DAN DARLING		
		COMPANY TRUCK	99600

DIRECT CORRESPONDENCE TO:

DARLING DRILLING CO
P.O. BOX 158
LAMONT, OK 74643

P O BOX 1147
ENID OK 73702
405-234-3353

15-191-21262-0001

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	170 MI		2.85	484.50
		1 UNT			
001-016	CEMENTING CASING	3892 FT		1,570.00	1,570.00
		1 UNT			
001-018	CEMENTING CASING - ADD HRS	18 HR		235.00	4,230.00
		1 UNT			
018-315	MUD FLUSH	500 GAL		.65	325.00
030-016	CEMENTING PLUG SW ALUM TOP	5 1/2 IN		60.00	60.00
		1 EA			
24A	INSERT FLOAT VALVE - 5 1/2" BRD	1 EA		110.00	110.00
815.19251					
504-043	CEMENT - PREMIUM	100 SB		8.95	895.00
509-968	SALT	943 LB		.15	141.45
508-127	CAL SEAL 60	5 SK		25.90	129.50
507-210	FLOCELE	25 LB		1.65	41.25
500-207	BULK SERVICE CHARGE	119 CFT		1.35	160.65
500-306	MILEAGE CMTG MAT DEL OR RETURN	460.61 TMI		.95	437.58
INVOICE SUBTOTAL					8,584.93
DISCOUNT-(BID)					2,833.00-
INVOICE BID AMOUNT					5,751.93
*-KANSAS STATE SALES TAX					60.20
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$5,812.13

15-191-21262-0001

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 15% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

FORM HAL-1900-F

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