

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

Operator: License # 4677

Name: Cara Ventures, Inc.

Address RR 2, Box 150

Attica, Kansas 67009

City/State/Zip _____

Purchaser: TEvaco

Operator Contact Person: Paul C. Caragianis

Phone (316) 254-7579

Contractor: Name: Western Kansas Drilling

License: 4083

Wellsite Geologist: n/a

Designate Type of Completion

____ New Well Re-Entry ____ Workover

Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ Inj ____ SIGW
____ Dry ____ Other (Coro, WSW, Expl., Cathodic, etc)

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

Operator: Donald C. Slawson

Well Name: A-1 McCune

Comp. Date 1/10/81 Old Total Depth 4480

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

2/18/90 Spud Date 2/19/90 Date Reached TD 3/6/90 Completion Date

API NO. 15- 135-21,929-A00-01

County Ness

C SW NE SE Sec. 4 Twp. 20 Rge. 23 X E
W

1650' Foot NS (circle one) of Section Line

990' Foot EW (circle one) of Section Line

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

Lease Name McCune Well # A-1

Field Name Wildcat

Producing Formation Ft Scott

Elevation: Ground 2262 KB _____

Total Depth 4350 PBTD _____

Amount of Surface Pipe Set and Cemented at n/a 538 Feet

Multiple Stage Cementing Collar Used? ____ Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from N/a

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan A17-J
(Data must be collected from the Reserve Pit)

used mud in hole-no mud samples taken

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Commission 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 [Signature]

Title President Date 9/11/91

Subscribed and sworn to before me this 11TH day of SEPTEMBER, 19 91.

Notary Public Diana L. Smith

Date Commission Expires 8/19/95

DIANA L. SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8/19/95

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)

R

Operator Name Cara Ventures, Inc. Lease Name McCune A-1 Well # _____
 Sec. 4 Twp. 20 Rge. 23 East West
 County Ness

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				
Gamma -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	4 1/2	23#	4346'	comm	125sx	10% salt

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
4spf	4287-4291	750gal 7 1/2% fe 1500 gal 15% NE	

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>4297</u>	Packer At <u>n/a</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or In]	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>3/21/90</u>				
Estimated Production Per 24 Hours	Oil Bbls. <u>3</u>	Gas Mcf <u> </u>	Water Bbls. <u>21</u>	Gas-Oil Ratio <u> </u> Gravity <u>38°</u>

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 _____