

ORIGINAL

SIDE ONE

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

Operator: License # 03688

Name: 4-D Petroleum Consultants

Address 515 Watson

City/State/Zip Pratt, Ks. 67124

Purchaser: _____

Operator Contact Person: Richard G. Armer

Phone (316) 672-3157

Contractor: Name: Woodman-Ianitti Drlg.

License: 5122

Wellsite Geologist: Gordon W. Keen

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp
 Gas Inj Delayed Completion
 Dry Other (Core, Water Supply, etc.)

If **OWO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1/18/90 2/1/90
Spud Date Date Reached TD Completion Date

API NO. 15- 151-21,971-00-00

County Pratt

NE SW Sec. 27 Twp. 29 Rge. 13 xxx East West

1,980 Ft. North from Southeast Corner of Section

3,300 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

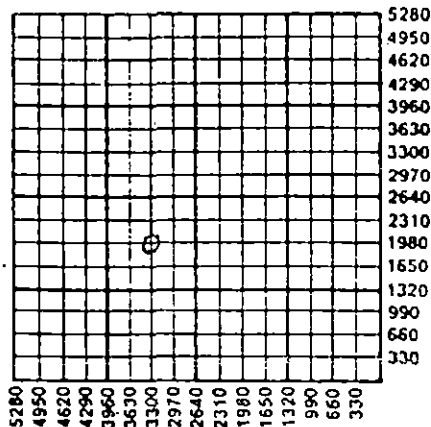
Lease Name Thompson Well # 1

Field Name Jem

Producing Formation _____

Elevation: Ground 1901 KB 1906

Total Depth 4780 PBD _____



Amount of Surface Pipe Set and Cemented at 248' 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/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

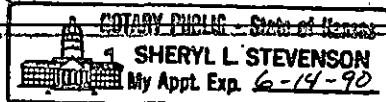
Signature Richard Armer

Title Eng. Date 4-1-90

Subscribed and sworn to before me this 1st day of April, 19 90.

Notary Public Sheryl L. Stevenson

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
____ KCC _____ SWD/Rep _____ NGPA
____ KGS _____ Plug _____ Other (Specify)

SIDE TWO

Operator Name 4-D Petroleum Consultants

Lease Name Thompson

1A110180

Well

Sec. 27 Twp. 29 Rge. 13

East

County Pratt

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.)

Formation Description		
Name	Top	Bottom
Heebner	3736	3739
Lans./KC	3926	4317
Marmaton	4325	4390
Mississippi	4390	4420
Viola	4476	4600
Simpson Sd.	4610	4648
Arbuckle	4695	4780 (TD)

CASING RECORD New 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
Prod.	7 7/8"	4 1/2"	10.5 #/ft	4575'	60/40 Pce	200	10% SALT
Surface	12 1/4"	10 3/4"	32 #/ft	248'	60/40 Pce	250	3/4 1% CFR-2 3 1/2% Ceigel

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	<i>Delayed Completion</i>		

TUBING RECORD

Size	Set At	Packer At	Liner Run
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Production	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	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____