

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

Operator: License # 5058
Name: Griggs Oil, Inc.
Address One Main Place
100 N. Main, Suite 1010
City/State/Zip Wichita, KS 67202
Purchaser: N/A
Operator Contact Person: Jim Collins
Phone (316) 267-7779
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Kris Kennedy
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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

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. _____
6-11-93 6-18-93 6-18-93
Spud Date Date Reached TD Completion Date

API NO. 15- 155-21,260-0000
County Reno
SE - SE - Sec. 25 Twp. 25S Rge. 9 W
660 Feet from SN (circle one) Line of Section
660 Feet from EW (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Dunn Well # 1-25
Field Name Wildcat
Producing Formation N/A
Elevation: Ground 1601 KB 1609
Total Depth 3950 PBTD 3950
Amount of Surface Pipe Set and Cemented at 131 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 131
feet depth to surface w/ 100 sx cmt.
Drilling Fluid Management Plan DFA 8-18-92
(Data must be collected from the Reserve Pit)
Chloride content 30,000 ppm Fluid volume 800 bbls
Dewatering method used Vacuum Truck
Location of fluid disposal if hauled offsite: _____
Operator Name C & C Tank Service
Lease Name Roach SWD License No. 30708
SW/4 Quarter Sec. 14 Twp. 23 S Rng. 9 EW
County Reno Docket No. 22208

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 James L. Collins
Title V. President Date 8-6-93
Subscribed and sworn to before me this 6th day of August
19 93
Notary Public Virginia Lee Smith
Date Commission Expires August 25, 1996

RECEIVED
STATE CORPORATION COMMISSION 8-10-93

AUG 10 1993 OFFICE USE ONLY
 Copy of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

VIRGINIA LEE SMITH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 8/25/96

ORIGINAL

SIDE TWO

Operator Name Griggs Oil, Inc.

Lease Name Dunn Well # 1-25

Sec. 12 Twp. 25S Rge. 9
 East
 West

County Reno

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.)
List All E.Logs Run: SDL/SDN
DIL

Name	Formation (Top), Depth and Datum		Sample
	Top	Datum	
Heebner	3115	-1500	
Brn. Lime	3273	-1664	
LKC	3294	-1685	
Stark	3577	-1968	
Cher	3785	-2176	
Miss	3832	-2223	
Kinderhook	3918	-2309	
RTD	3949		

CASING RECORD <input checked="" type="checkbox"/> New <input 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
Surface	12 1/4	8-5/8	23#	131'	60/40 Poz	100	2% gel 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				

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj.	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 Perf. Dually Comp. Commingled Other (Specify) _____
Production Interval _____



WESTERN TESTING CO., INC.
FORMATION TESTING

1011 L...
No 19607
ORIGINAL

P.O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1609 KB Formation MISS Eff. Pay _____ Ft.

District PR011 Date 6-16-93 Customer Order No. _____

COMPANY NAME Briggs Oil Co., Inc. Suite 1010 - One Main Place
ADDRESS 100 North Main St Wichita Kansas 67202

LEASE AND WELL NO. Dunn 1-25 COUNTY Reno STATE Kansas Sec. 25 Twp. 25S Rge. 9W

Mail Invoice To Same Co. Name Same Address _____ No. Copies Requested 8

Mail Charts To _____ Co. Name Same Address _____ No. Copies Requested 8

Formation Test No. 3831 Interval Tested From 3836 ft. to 3850 ft. Total Depth 3850 ft.
Packer Depth 3836 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 3836 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3842 ft. Recorder Number 13266 Cap. 4225
Bottom Recorder Depth (Outside) 3845 ft. Recorder Number 13265 Cap. 3975
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____

Drilling Contractor Duke Drilling Co. Drill Collar Length _____ I. D. _____ in.
Mud Type Chem Viscosity 70 Weight Pipe Length _____ I. D. _____ in.
Weight 8.8 Water Loss 6.8 Drill Pipe Length 3816 I. D. 5.8 in.
Chlorides 4000 P.P.M. Test Tool Length 20 ft. Tool Size 5/16 in.
Jars: Make No Serial Number No Anchor Length 14 ft. Size 5/16 in.
Did Well Flow? No Reversed Out No Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 X 1 1/2 in.

Blow: Weak blow building to a 6 blow on initial flow
Weak building to a 7 blow in 30 min on initial flow

Recovered _____ ft. of _____
Recovered 40 ft. of slightly oil cut mud 2% oil 98% mud
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Chlorides _____ P.P.M. Sample Jars used _____ Remarks: Geo-Depth outside chart #13265

Time On Location 8:45 A.M. Time Pick Up Tool 11:00 A.M. Time Off Location 7:00 A.M.
Time Set Packer(s) 12:15 A.M. Time Started Off Bottom 4:45 A.M. Maximum Temperature 122 °F
Initial Hydrostatic Pressure _____ (A) _____ P.S.I.
Initial Flow Period _____ Minutes (B) 95 P.S.I. to (C) 53 P.S.I.
Initial Closed In Period _____ Minutes (D) _____ P.S.I.
Final Flow Period _____ Minutes (E) 53 P.S.I. to (F) 53 P.S.I.
Final Closed In Period _____ Minutes (G) 10:55 P.S.I.
Final Hydrostatic Pressure _____ (H) 1835 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature]
Signature of Customer or his authorized representative

Western Representative [Signature] Thank you

FIELD INVOICE

Open Hole Test \$ _____
Misrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Standby STATE RECEIVED CORPORATION COMMISSION \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. AUG 10 1993 \$ _____
Mileage \$ _____
Fluid Sampler \$ _____
Extra Charts \$ _____
Insurance \$ _____
Telecopier \$ _____
TOTAL \$ _____



WESTERN TESTING CO., INC.
FORMATION TESTING

No 19608

TICKET

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1609 KB Formation Miss Eff. Pay ORIGINAL Ft.

District Platt Date 6-17-93 Customer Order No. ONE MAN PLACE
COMPANY NAME Griggs Oil Co. Inc. S-1010
ADDRESS 100 N. Main St Wichita 67202
LEASE AND WELL NO. Dunn 1-25 COUNTY Reno STATE Kansas Sec. 25 Twp. 25 Rgc. 9w
Mail Invoice To Same No. Copies Requested _____
Co. Name Same Address _____
Mail Charts To _____ No. Copies Requested _____

Formation Test No. 3845 Interval Tested From 3850 ft. to 3860 ft. Total Depth 3860 ft.
Packer Depth 3845 ft. Size 9 1/8 in. Packer Depth 2 ft. Size 2 in.
Packer Depth 3850 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____
Top Recorder Depth (Inside) 3852 ft. Recorder Number 13285 Cap. 4225
Bottom Recorder Depth (Outside) 3855 ft. Recorder Number 13283 Cap. 3975
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____
Drilling Contractor Chen Drill Collar Length _____ I. D. _____ in.
Mud Type 8.9 Viscosity 60 Weight Pipe Length 3830 I. D. _____ in.
Weight 8.9 Water Loss 6.8 Drill Pipe Length _____ I. D. _____ in.
Chlorides NO P.P.M. Test Tool Length 20 ft. Tool Size 5/8 OD in.
Jars: Make NO Serial Number _____ Anchor Length 10 ft. Size 5/8 OD in.
Did Well Flow? NO Reversed Out NO Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 in.

Blow: Strong blow on initial flow in 1 minute
Strong blow on final flow
Recovered 1200 ft. of gas in pipe
Recovered 30 ft. of oil cut w/ water mud - 30% oil - 50% mud 20% water
Recovered 120 ft. of water 103,000 P.P.M
Recovered _____ ft. of _____
Chlorides _____ P.P.M. Sample Jars used _____ Remarks: See left out side about
One chart

Time On Location 10:45 A.M. Time Pick Up Tool 11:15 A.M. Time Off Location 6:00 A.M.
Time Set Packer(s) 12:20 P.M. Time Started Off Bottom 3:50 A.M. Maximum Temperature 126 F.
Initial Hydrostatic Pressure _____ (A) 1856 P.S.I.
Initial Flow Period _____ Minutes (B) 85 P.S.I. to (C) 85 P.S.I.
Initial Closed In Period _____ Minutes (D) 1202 P.S.I.
Final Flow Period _____ Minutes (E) 106 P.S.I. to (F) 106 P.S.I.
Final Closed In Period _____ Minutes (G) 1202 P.S.I.
Final Hydrostatic Pressure _____ (H) 1803 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature]
Signature of Customer or his authorized representative

Western Representative Red Trust Thank you

FIELD INVOICE

Open Hole Test \$ _____
Misrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Standby \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. \$ _____
Mileage \$ _____
Fluid Sampler \$ _____
Extra Charts \$ _____
Insurance \$ _____
Telecopier \$ _____
TOTAL \$ _____

RECEIVED
STATE CORPORATION COMMISSION
AUG 10 1993



WESTERN TESTING CO., INC.
FORMATION TESTING

No 19609

TICKET

ORIGINAL

P. O. BOX 1599 PHONE (316) 262-5861

Elevation 140.9 LB Formation Miss Eff. Pay Ft.

WICHITA, KANSAS 67201

COMPANY NAME Meggs Oil Co, Inc
ADDRESS 100 North Main St
LEASE AND WELL NO. Dunn 1-25
Mail Invoice To Same
Mail Charts To Same

Formation Test No 3860 Interval Tested From 3860 ft. to 3870 ft. Total Depth 3870 ft.
Packer Depth 3860 ft. Size 6 7/8 in.
Packer Depth 3870 ft. Size 6 7/8 in.
Depth of Selective Zone Set
Top Recorder Depth (Inside) 3861 ft. Recorder Number 13268 Cap. 4225
Bottom Recorder Depth (Outside) 3864 ft. Recorder Number 13265 Cap. 3975
Below Straddle Recorder Depth ft. Recorder Number Cap.
Drilling Contractor Duke Drilling Co
Mud Type 88 Viscosity 69.0
Weight 8.8 Water Loss 8.0 cc.
Chlorides No P.P.M.
Jars: Make No Serial Number Yes
Did Well Flow? No Reversed Out Yes

Blow: Strong below on both units & final flows No gas to surface

Recovered 750 ft. of Gas in oil
Recovered 120 ft. of Gas & oil cut water 100% oil - 60% gas - 30% water
Recovered 120 ft. of Gas & oil cut water 30% oil 40% gas 30% water
Recovered 120 ft. of Gas & oil cut water 100% mud 10% oil 20% gas 60% water
Recovered 2280 ft. of water 10,000 P.P.M. 107,000 P.P.M.

Chlorides P.P.M. Sample Jars used Remarks: No - kept out side chart

Time On Location 10:15 A.M. Time Pick Up Tool 10:45 A.M. Time Off Location 7:00 A.M.
Time Set Packer(s) 12:00 P.M. Time Started Off Bottom 3:30 A.M. Maximum Temperature 130 F
Initial Hydrostatic Pressure (A) 380 P.S.I.
Initial Flow Period (B) 30 Minutes P.S.I. to (C) 750 P.S.I.
Initial Closed In Period (D) 60 Minutes P.S.I.
Final Flow Period (E) 60 Minutes P.S.I. to (F) 1065 P.S.I.
Final Closed In Period (G) 60 Minutes P.S.I.
Final Hydrostatic Pressure (H) 1856 P.S.I.

COMPANY TERMS
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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.
Test Approved By [Signature]
Signature of Customer or his authorized representative
Western Representative: Rod Britt - Thank You

FIELD INVOICE
Open Hole Test \$
Misrun \$
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$
Fluid Sampler \$
Extra Charts \$
Insurance \$
Telecopier \$
TOTAL \$

ON SERVICES
JOB LOG

WELL NO. 1-25 LEASE OWNED
 OPERATOR GRUBBS Oil Co
 TICKET NO. 364464
 PAGE NO. 1
 JOB TYPE 8/9
 DATE 6-11-93

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1930							ON LOCATION
	2015							BREAK CIRCULATION
	2030	5	0				200	START MIXING
	2035	5	22.7					FINISH MIXING
	2036							RELEASE PLUG
	2038	3	0					START DISP
	2042		7.75					PLUG DOWN @ 119' BY DISPLACEMENT
	2100							WASH UP + BACK UP PUMP TRUCK
								RETURNS JUST TO CELLAR
								JOB COMPLETE
								THANK YOU
								A. G. CURTIS V. P. GOLDIEY M. MONTGOMERY

ORIGINAL

RETURNS JUST TO CELLAR

JOB COMPLETE
THANK YOU

A. G. CURTIS
V. P. GOLDIEY
M. MONTGOMERY

RECEIVED
REGISTRATION COMMISSION

AUG 10 1993

CUSTOMER