

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

Operator: License # 5091
Name: Howell Oil Company Inc.
Address RR 1 Box 22 10-20-97
67020-
City/State/Zip Burrton, Kansas 2091

Purchaser: Conoco

Operator Contact Person: Steve Howell

Phone (316) 463-2609

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Tim Hellman

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOV Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSU, 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 _____ PSTD
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____

06-12-97 06-17-97 06-17-97
Spud Date Date Reached TD Completion Date

API NO. 15- 155-21413 0000

County Reno County, Kansas

G-W/2. SW - NE Sec. 13 Twp. 23S Rgs. 4 XX

2080 Feet from S(N) (circle one) Line of Section

2490 Feet from E(W) (circle one) Line of Section

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

Lease Name Sabin Well # 8

Field Name Burrton

Producing Formation Mississippi

Elevation: Ground 1468' KB 1476'

Total Depth 3633' PSTD 3550'

Amount of Surface Pipe Set and Cemented at 270' 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/ _____ sz cmt.

Drilling Fluid Management Plan ALT 1 4-6-98 SK
(Data must be collected from the Reserve Pit)

Chloride content 2900 ppm Fluid volume 650 bbls

Dewatering method used Vacuum truck

Location of fluid disposal if hauled offsite: _____

Operator Name Howell Oil Company

Lease Name Pizinger #1 SWD License No. 5091

NW Quarter Sec. 18 Twp. 23 S Rng. 3 E(W)

County Harvey Docket No. E-26, 100

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 Steve Howell

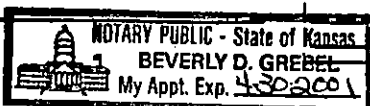
Title Prop. Date 10-17-97

Subscribed and sworn to before me this 17 day of Oct 1997.

Notary Public Beverly D. Grebel

Date Commission Expires 4-30-2001

E.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NEPA
 KGS Plug Other (Specify)



Operator Name Howell Oil Company, Inc. Lease Name Sabin "B" Well # 8
 Sec. 13 Twp. 23S Rge. 4 East West
 County Reno County, Kansas

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	3274	-1799
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Hunton	3632	-2157

List All E.Logs Run:
 Gamma Ray Neutron

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
Surface	17-1/2"	13-3/8"	45#	270'	60/40 Poz	250	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	3632'	60/40 Poz	200	latex in last 80

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
2	3345 - 51	1000 gal. 15% NE 3345-51

TUBING RECORD	Size <u>2-7/8"</u>	Set At <u>3355</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>8-12-97</u>				
Estimated Production Per 24 Hours	Oil Bbls. <u>12</u>	Gas Mcf	Water Bbls. <u>200</u>	Gas-Oil Ratio <u>None</u> Gravity <u>39.5</u>

Disposition of Gas: None METHOD OF COMPLETION Perf. Production Interval 3345-51

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

ORIGINAL

SERVICE TICKET

UNITED CEMENTING & ACID CO., INC.

№ 4863

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4600

DATE _____ COUNTY _____

CHG. TO: _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEASE & WELL NO. _____ SEC. _____ TWP. _____ RNG. _____

CONTRACTOR _____ TIME ON LOCATION _____

KIND OF JOB _____

SERVICE CHARGE: _____ 840.84

QUANTITY	MATERIAL USED		TYPE		
1415	Sol	60-40 Portland	(C)	4,325	1,230.75 *
30	Sol	60-40 Portland	(C)	15.50	1,240.00 *
5	Sol	60-40 Portland	(C)	3.50	12.50 *
1	5 1/2"	Yucca Size STD			35.30 *
1	5 1/2"	AFU Standard Value STD			105.00 *
6	5 1/2"	Conduits	(C)	29,000 units	174.00 *
230		BULK CHARGE Sol	(C)	.34	193.20 *
		BULK TRK. MILES		(1150 tons x 1.62 x 60)	1127.90 *
		PUMP TRK. MILES			
1-5 1/2"		PLUGS top Rubber plug	(C)		50.00 *
		SALES TAX			173.98
		TOTAL			3,963.57

T. D. _____

CSG. SET AT _____ VOLUME _____

SIZE HOLE _____

TBG SET AT _____ VOLUME _____

MAX. PRESS. 1400 _____

SIZE PIPE _____

PLUG DEPTH _____

PKER DEPTH _____

PLUG USED _____

TIME FINISHED _____

REMARKS: _____

EQUIPMENT USED

NAME _____ UNIT NO. _____ NAME _____ UNIT NO. _____

GENERAL TERMS AND CONDITIONS

All prices are exclusive of any Federal, State or Special Taxes for the sale or use of merchandise or service listed. The amount of taxes required to be paid by the seller shall be added to the quoted prices payable by the buyer.

Unless satisfactory credit has been established, cash payment will be required in advance.

We will make reasonable attempt to get to and from the well under our own power. Should we be unable to do so because of poor or inadequate road conditions, and it becomes necessary to employ a tractor or other pulling equipment, such equipment will be supplied by the customer, or if furnished by us, the cost will be charged to the customer.

We endeavor to design and maintain our equipment to safely service properly drilled and conditioned wells. We carry public liability and property damage insurance, but as there are so many uncertain and unknown conditions not subject to control, we can neither be liable for injuries to property or persons nor for loss or damage arising from the performance of our services or resulting therefrom.

In the event equipment or tools are lost in rendering our services, the customer agrees to make reasonable attempt to recover same. If not recovered, customer agrees to reimburse us for their value.

If a material service is ordered and the customer cancels same after the solution has been prepared, a charge will be made to the customer for the expenses incurred.

Unless otherwise specified, a dead haul charge of \$1.25 per mile, one way, will be made for each service unit ordered but not used.

All prices are subject to change without notice.

All unpaid bills are subject to interest after 60 days from date of invoice.

SERVICE TICKET

ORIGINAL

UNITED CEMENTING & ACID CO., INC.

No 4812

EOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 6-12-77 COUNTY Renfro

CHG TO: Howell Oil Co ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEASE & WELL NO. SARAH # 8 SEC. _____ TWP. _____ RNG. _____

CONTRACTOR Duke City Reg # 2 TIME ON LOCATION 4:00 P

KIND OF JOB Surface Cement

SERVICE CHARGE: _____ 375.00

QUANTITY	MATERIAL USED	TYPE		
250	60/40 poe	(A)	4.35	1087.50 x
5	Gel	(A)	8.50	42.50 x
7	Calcium Chloride	(C)	24.00	168.00 x
2162	BULK CHARGE <u>Sol</u>	(A)	84	229.08 x
60	BULK TRK MILES <u>(13 tons X 62 X 60)</u>			493.60 x
	PUMP TRK MILES			
	PLUGS <u>None</u>			
	SALES TAX			<u>119.10</u>
	TOTAL			<u>2494.78</u>

T.D. 270

CSG. SET AT 270 VOLUME 40600

SIZE HOLE 17 1/2

TBG SET AT _____ VOLUME _____

MAX PRESS _____

SIZE PIPE _____

PLUG DEPTH 255

PKER DEPTH _____

PLUG USED _____

TIME FINISHED 8:30 P

REMARKS: Run 13 1/2" casing to 270 ft - Break Casing - 1000 ft
Run 17 1/2" casing to 255 ft - Pump 250 gal 60/40 poe + 35
gal - Calcium Chloride to 255 ft - Shut in

EQUIPMENT USED

NAME Gasco UNIT NO. _____ NAME Boo UNIT NO. _____

NAME _____ UNIT NO. _____ NAME _____ UNIT NO. _____

NAME _____ UNIT NO. _____ NAME _____ UNIT NO. _____

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