

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

Operator: License #5004.....
Name Vincent Oil Corporation.....
Address 125 N. Market, Suite 1110.....
.....Wichita, Kansas 67202.....
City/State/Zip

Purchaser.....
.....

Operator Contact Person ...Donna Manda.....
Phone(316).262-3573.....

Contractor: License #4630.....
Name Mallard Drilling.....

Wellsite Geologist..Chuck Schmidt.....
Phone...(316).262-3573 (Work).....
(316) 755-1750 (Home)

Designate Type of Completion
___ New Well ___ Re-Entry ___ Workover

___ Oil ___ SWD ___ Temp Abd
___ Gas ___ Inj ___ Delayed Comp.
___ Dry ___ Other (Core, Water Supply etc.)

If OWNED: old well info as follows:
Operator First Energy Corporation.....
Well Name #21 (40)-25 Larry Evans.....
Comp. Date 6-4-84.....Old Total Depth 4475

WELL HISTORY

Drilling Method:
 Mud Rotary ___ Air Rotary ___ Cable

4-21-86 N/A N/A 5-9-86
Spud Date Date Reached TD Completion Date

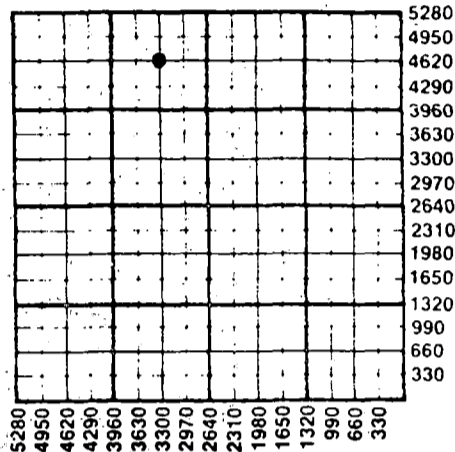
N/A N/A
Total Depth PBTD

Amount of Surface Pipe Set and Cemented at.....feet
Multiple Stage Cementing Collar Used? ___ Yes ___ No
If yes, show depth set.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name

API NO. 15-~~82-28,772-8-00-01~~.....
County.....Gove.....
..... NE. NW. Sec. 25. Twp 14S. Rge. 29. X East
..... 4620... Ft North from Southeast Corner of Section
..... 3300... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name....EVANS.....Well #...1.....
Field Name....Jim. North. Ext.....
Producing Formation.....
Elevation: Ground..2622.....KB.....

Section Plat



WATER SUPPLY INFORMATION

Disposition of Produced Water: ___ Disposal
Docket # ___ Repressuring

Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717

Source of Water:
Division of Water Resources Permit #.....

___ Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West

___ Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West

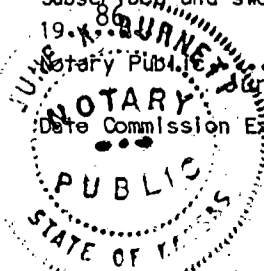
___ Other (explain).....
(purchased from city, R.W.D. #)

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. 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.

SignatureRichard A. Hiebsch.....
Title.....Vice President..... Date 7/1/86.....

Subscribed and sworn to before me this 1st day of July.....
1986
Notary Public June K. Burnett
Date Commission Expires May 30, 1989



K.C.C. OFFICE USE ONLY
F ___ Letter of Confidentiality Attached
C ___ Wireline Log Received
C ___ Drillers Time Log Received
Distribution
 KCC ___ SWD/Rep ___ NGPA
 KGS ___ Plug ___ Other
(Specify)
.....
RECEIVED
STATE CORPORATION COMMISSION
.....

Sec 25 Twp 14 Rge 29 W

JUL - 2 1986
CONSERVATION DIVISION
Wichita, Kansas

7-2-86

Operator Name **Vincent Oil Corporation** Lease Name **EVANS** Well # **1**

Sec. **25** Twp. **14S** Rge. **29** East West County **GOVS**

WELL LOG

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
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

Name Top Bottom

CASING RECORD <input 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
.....
.....
.....

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
.....
.....
.....
.....

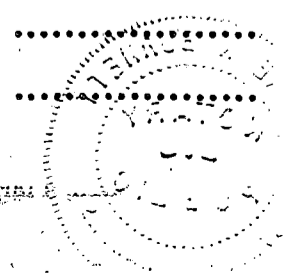
TUBING RECORD			
Size	Set At	Packer at	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
.....

Date of First Production	Producing Method				
.....	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain).....				
.....	Oil	Gas	Water	Gas-Oil Ratio	Gravity
.....	Bbls	MCF	Bbls	CFPB	

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented Open Hole Perforation
 Sold Other (Specify)
 Used on Lease Dually Completed Commingled



TYPE

AFFIDAVIT OF COMPLETION FORM

ACO-1 WELL HISTORY

SIDE ONE

Compt. _____

(Rules 82-3-130 and 82-3-107)

DOCKET NO. NP _____

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

Letter requesting confidentiality attached.

Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.)***Check here if NO logs were run _____.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 7506 EXPIRATION DATE June 1984

OPERATOR First Energy Corporation API NO. 15-063-20772

ADDRESS 16701 Greenspoint Park Drive COUNTY Gove

Houston, Texas 77060 FIELD _____

** CONTACT PERSON Gayle Carter PROD. FORMATION _____
PHONE 713-847-5755 Indicate if new pay.

PURCHASER _____ LEASE Larry Evans

ADDRESS _____ WELL NO. 21(40)-25

DRILLING CONTRACTOR Murfin Drilling Co. 660 Ft. from north Line and

ADDRESS 250 N. Waters, Suite 300 1980 Ft. from west Line of

Wichita, Kansas 67202 the NW (Qtr.) SEC 25 TWP 145 RGE 29 (W).

PLUGGING same as above

CONTRACTOR _____

ADDRESS _____

TOTAL DEPTH 4475' PBTD _____

SPUD DATE 5-26-84 DATE COMPLETED 6-4-84

ELEV: GR 2622' DF _____ KB 2627'

DRILLED WITH ~~(CABLE)~~ (ROTARY) ~~(AIR)~~ TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE _____

Amount of surface pipe set and cemented 337' DV Tool Used? _____

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) - Oil, Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion _____. Other completion _____. NGPA filing _____

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

A F F I D A V I T

Gayle Carter, being of lawful age, hereby certifies that:

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit. The statements and allegations contained therein are true and correct.

Gayle Carter
(Name)

SUBSCRIBED AND SWORN TO BEFORE ME this 14th day of June 19 84.

BARBARA M. BOOK
Notary Public, State of Texas
My Commission Expires March 29 1989

[Signature]
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

RECEIVED
STATE CORPORATION COMMISSION
JUN 29 1984

** The person who can be reached by phone regarding any questions concerning this information.

CONSERVATION DIVISION
Wichita, Kansas
6-29-84

Side TWO

OPERATOR First Energy Corporation LEASE NAME Larry Evans SEC 25 TWP 145 RGE 29 (W)
 WELL NO 21(40)-25

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc.	Top	Bottom	Name	Depth
Check if no Drill Stem Tests Run. Check if samples sent Geological Survey.			Topeka	3420'
DST #1 30-60-60-120 IHP 2117 FFP 114-135 IFP 62-83 FSIP 740 ISIP 740 FHP 2077 Rec'd 195' muddy SW, CHL = 34,000	3992'	4029'	Lansing/ KansasCity	3751'
DST #2 30-60-30-90 IHP 2187 FFP 41 IFP 41 FSIP 62 ISIP 83 FHP 2167 Rec'd 30' mud	4098'	4145'		
DST #3 30-60-60-120 IHP 1947 FFP 145-218 IFP 72-104 FSIP 1132 ISIP 1122 FHP 1927 Rec'd 400' muddy SW, CHL = 29,000	3792'	3808'	Cherokee	4235'
			TD 4475'	
			Logs	
			DIL	
			CND/LDT/GR	
RELEASED JUL 11 1985 FROM CONFIDENTIAL				
If additional space is needed use Page 2				

Report of all strings set — surface, intermediate, production, etc. **CASING RECORD (New) or ~~XXXX~~**

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
surface	12-1/4	8-5/8	24#	337'	60/40 POZ	250	3% CC, 2% gel

LINER RECORD			PERFORATION RECORD		
Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval

TUBING RECORD	
Size	Setting depth

ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD	
Amount and kind of material used	Depth interval treated

Date of first production	Producing method (flowing, pumping, gas lift, etc.)	Gravity
Estimated Production-I.P.	Oil bbls.	Gas MCF
Disposition of gas (vented, used on lease or sold)	Water %	Gas-oil ratio
		CFPS
Perforations		