

ORIGINAL

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

API NO. 15- 075-20,464-0000

County Hamilton

1 NE/4 Sec. 30 Twp. 22S Rge. 40 XX East
West

3960 Ft. North from Southeast Corner of Section

1320 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

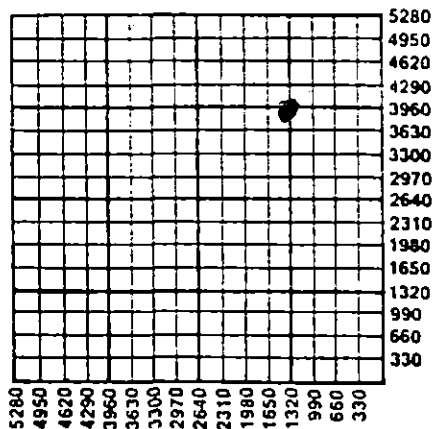
Lease Name HCH Well # 3020-B

Field Name Bradshaw

Producing Formation Winfield

Elevation: Ground 3504 KB

Total Depth 2772 PBTD 2722



Amount of Surface Pipe Set and Cemented at 361 Feet

Multiple Stage Cementing Collar Used? XX Yes XX No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2772

feet depth to Surface w/ 970 650 sx cmt.

Operator: License # 04680

Name: American Exploration Company

Address 2100 NCNB Center

700 Louisiana

City/State/Zip Houston, Texas 77002

Purchaser: KN Energy

Operator Contact Person: Marty B. McClanahan

Phone (713) 220-5382

Contractor: Name: Cheyenne Drilling Company

License: 5382

Wellsite Geologist: Ron Osterbuhr

Designate Type of Completion

XX New Well Re-Entry Workover

 Oil SWD Temp. Abd.

X Gas SI Inj Delayed Comp.

 Dry Other (Core, Water Supply, etc.)

If OMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

 Mud Rotary X Air Rotary Cable

7/31/90

8/03/80

11/16/90

Spud Date

Date Reached TD

Completion Date

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.

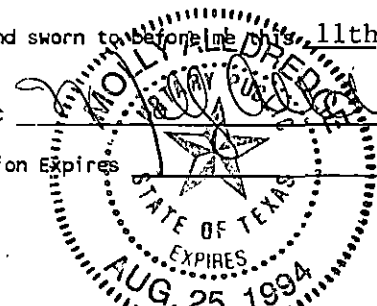
Signature Marty B. McClanahan

Title Sr. Production Analyst Date 9/11/90

Subscribed and sworn to before me this 11th day of September, 1990.

Notary Public [Signature]

Date Commission Expires _____



K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached

Wireline Log Received

Drillers Timelog Received

5 1990

Distribution

 KCC SWD/Rep NGPA

 Plug Other

(Specify)

12-5-90

P1

SIDE TWO

Operator Name American Exploration Company Lease Name HCU Well # 3020-B

Sec. 30 Twp. 22S Rge. 40 East West
 County Hamilton

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.)	<p style="text-align: center;">Formation Description</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Stone Corral Anhv.</td> <td>----</td> <td>2167 (+1348)</td> </tr> <tr> <td>Winfield</td> <td>2612 (+903)</td> <td></td> </tr> <tr> <td>Ft. Riley</td> <td>2708 (+807)</td> <td></td> </tr> </tbody> </table>	Name	Top	Bottom	Stone Corral Anhv.	----	2167 (+1348)	Winfield	2612 (+903)		Ft. Riley	2708 (+807)	
Name	Top	Bottom											
Stone Corral Anhv.	----	2167 (+1348)											
Winfield	2612 (+903)												
Ft. Riley	2708 (+807)												

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
Surface	12-1/4	8-5/8	20#	361	65/35 POZ	120	6% D-20 1/4# D29
					Class H	100	3% CC + 1/4# D29
Production	7-7/8	4-1/2	9.5#	2772	65/35 POZ	450	6% D20 3% CC 1/4#
					Class H	200	3% D60 1/4# D29

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
1 SPF	2614-18' 2680-87'	1680 gals. 15% MCA Acid
	2622-35' 2702-87'	
	2657-60' 2702-05'	
	2662-68' 2709-13'	
	2670-74' 2718-19'	

TUBING RECORD Size 2-3/8" Set At 2596 Packer At 2586 Liner Run Yes No

Date of First Production SI WOPL Producing Method Flowing Pumping Gas Lift 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 _____

CASING & CEMENTING REPORT
ORIGINAL

Well Name 3020 B Location Sec 30-22 S - 40 W
Casing 8 5/8 Date 7-31-90

Jts. On	m On	Size	Wt.					Jts	Depth	m	Run
Locat.	Locat.	mm	kg/m	Cr.	Rge.	THD	T&C	Make	Run	Landed	In Well
8		8 5/8							8	361.33 m	
										m	349.33
										m	1.00
										m	15.00
Shoe Make <u>Weatherford</u> Type <u>Insert</u> Length <u>1.00</u> m											365.33
Collar Make <u>Weatherford</u> Type <u>Insert</u> Length _____ m											- 4.00
Landing Jt. (When Used) Length <u>15</u> m											
Overall Length of Casing String _____ m											361.33
m Up From K.B. (subtract) _____ m											
Setting Depth By Driller <u>361</u> m By Tally <u>361.33</u> m											

CENTRALIZERS

SCRATCHERS

Make & No. Weatherford 1 Make & No. _____
Position 40' Position _____
Remarks (Thread Lock) Weld, Mill) Return 3 Jts + Shoe

Hole Size 12 1/4 mm Casing In Hole Size _____ mm
Depth 364 m Setting Depth _____ m
Mud Type Gel Wt. _____ kg/m Visc. S/LWL cm³
BOP's _____
Power Tong Co _____ Torque Max. _____ Min. _____
Casing String Wt. 7000 daN Remarks _____

Cementing Co. DS Operator JAMES ESQUINCE

TYPES & QUANTITIES OF CEMENT

Date 7-31-90

Filler Volume Amount 120 SX m³ Type 65/35 Poz Wt. 12.4 kg/m³
Additives 6% D-20 - 1/4" D-29
Tail In Volume Amount 100 SX m³ Type Class H Wt. 14.8 kg/m³
Additives 3% CC + 1/4" D-29
HT. Cemented Surface Water Ahead 10000 m³ Start Mix 7:40 Am m³
Finish Mix 7.58 m³ Pumping Press 40# kPa Bump Press 310 kPa
Float Held YES Cement Returns YES 7 BAC m³
Plug Down 8.05 Date 7-31-90
Wt. Landed in Slips _____ daN Make of Bowl _____
Size _____ mm Series _____ Slip & Seal Esembly _____
Remarks (Wellhead - Make, Type, Size)

RECEIVED

STATE CORPORATION COMMISSION

Co. Rep. DON

DEC 5 1990

REGISTRATION DIVISION
Wichita, Kansas

CEMENTING SERVICE REPORT

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED



ORIGINAL

15-075-20464-0000

TREATMENT NUMBER 0312-2882 DATE 7-31-90
STAGE DS DISTRICT U.S.S. Ks.

WELL NAME AND NO. HCU 3020-B LOCATION (LEGAL) Sec. 30-22s-40w
FIELD-POOL BRADSHAW FORMATION Winfield
COUNTY/PARISH HAMILTON STATE Ks. API. NO.
NAME AMERICAN Exploration
ADDRESS
ZIP CODE

RIG NAME: HOVANKP #5
WELL DATA: BIT SIZE 12 1/4 CSG/Liner Size 8 1/2
TOTAL DEPTH 304.33 WEIGHT 20
ROT CABLE FOOTAGE 304.33
MUD TYPE GRADE KSS
MUD DENSITY LESS FOOTAGE SHOE JOINT(S) 13.7
MUD VISC. Disp. Capacity 20.9

SPECIAL INSTRUCTIONS: CMT 858 casing
IS CASING/TUBING SECURED? YES NO
LIFT PRESSURE 125 PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)
PRESSURE LIMIT PSI BUMP PLUG TO 310 PSI
ROTATE RPM RECIPROCATE FT No. of Centralizers 2

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
1931		1800									
1940		30	10		5	7/30	7/30	7/30	7/30	2100	7/31-90
1942		110	43		5						
1951		80	23.5		4						
1957		0									
1958		70	20.9		4						
2001		70	15	1	1						
2001		40	15	1	1						
2007		310	21	1	1						
2008											

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BLS	DENSITY	BLS	DENSITY		
1.	120	2.01	65%	35% port + 6% D2O + 3% CaCl ₂ + 4% D29	43	12.4		
3.	100	1.32		class H + 3% CaCl ₂ + 4% D29	23.5	14.8		

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. 17 MSK
 HESITATION SO. RUNNING SO. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 20 Bbls
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 20.9 WIRELINE TYPE OF WELL OIL GAS STORAGE INJECTION BRINE WATER WILDCAT
 Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT WIRELINE
 PERFORATIONS TO TO CUSTOMER REPRESENTATIVE DS SUPERVISOR James E. squirrel

15-075-20464-0000

ORIGINAL

OILFIELD SERVICES
 INDUSTRIAL SERVICES

DSI SERVICE ORDER
 RECEIPT AND INVOICE NO.
 032-2882

DSI SERVICE LOCATION NAME AND NUMBER
 445525 DS 03-12
 TYPE SERVICE CODE
 211
 BUSINESS CODES

CUSTOMER'S NAME
 AMERICAN Exploration
 ADDRESS
 CITY, STATE AND ZIP CODE

WORKOVER
 NEW WELL
 OTHER
 W
 N
 API OR IC NUMBER

ARRIVE LOCATION
 MO. DAY YR. TIME
 7 31 90 1730

SERVICE ORDER RECEIPT
 I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____ in accordance with the terms and conditions as printed on the reverse side of this form.
 CM 7, 8 casing with 120# 35% + 6% D20 + 3% crack +
 4/1029
 100# class H + 3% crack + 4/1029

JOB COMPLETION
 MO. DAY YR. TIME
 7 31 90 2008

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
 [Signature]

STATE CODE COUNTY / PARISH CODE CITY
 TX 3020 Hamilton TX 3020

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA
 HCU 3020-B Star 30-225-400 [Signature]

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
048209-001	additional footage	ft	64	41	26.24
048209-000	PUMP chg	EA	1	433.00	433.00
059200-002	millage	mi	63	2.40	151.20
059697-000	PACR chg	EA	1	110.00	110.00
049102-000	haulage 22116' x 63'	ton/ml	665	.80	532.00
049100-000	sealerc chg	unit	242	1.08	261.36
040003-000	D903 class C	sf	78	7.00	546.00
040015-000	D909 class H	sf	100	6.85	685.00
045008-000	D35 1/2" dia	sf	42	2.30	96.60
045014-050	D20 1/2" dia	lb	626	.13	81.38
067005-100	crack	lb	595	.32	190.40
044003-025	D29 colloidal flakes	lb	55	1.37	75.35
050001-085	Texas pattern sheet	EA	1	200.00	200.00
053003-085	net/enc filling sheet	EA	1	300.00	300.00
056011-085	concrete pipes	EA	2	68.00	136.00
048501-085	top wooden string	EA	1	86.00	86.00
057499-001	theopit - 1/2" dia fit	EA	1	22.00	22.00
056019-085	stop string	EA	1	21.00	21.00

Thanks for using DS

SUB TOTAL field esti: 3953.53

REMARKS: CONSERVATION DIVISION Wichita, Kansas
 DEC 5 1990
 SIGNATURE OF DSI REPRESENTATIVE: [Signature]
 STATE TAX ON \$
 COUNTY TAX ON \$
 CITY TAX ON \$
 TOTAL \$

CASING & CEMENTING REPORT

ORIGINAL

Well Name HCU 3020 B Location Sec 30 - 22 S - 40 W
 Casing 4 1/2 Date _____

Jts. On	m On	Size	Wt.					Jts	Depth	m Run	
Locat.	Locat.	mm	kg/m	Cr.	Rqe.	THD	T&C	Make	Run	Landed	In Well
64	2815.84	4 1/2	9.5			8 th	S		63	m	2773.55
										m	.80
										m	1.35
										m	

Shoe Make Weatherford Type Reg Pattern Length .80 m
 Collar Make Weatherford Type Auto full Length 1.35 m

Landing Jt. (When Used) Length _____ m
 Overall Length of Casing String _____ m
 m. Up From K.B. (subtract) _____ m

Setting Depth By Driller 2772 m By Tally 2770.70 m

CENTRALIZERS

SCRATCHERS

Make & No. Weatherford - 4
 Position 2749, 2637, 2549, 2460
 Remarks (Thread Lock, Weld, Mill) _____

Turbolizers
 Make & No. Weatherford 8
 Position 2153, 2064, 1976, 1889, 1801, 1713, 1625, 1539

Hole Size 7 7/8 mm Casing In Hole Size 4 1/2 mm
 Depth 2772 m Setting Depth _____ m
 Mud Type Starch Wt. 10.6 kg/m Visc. 4.0 S/LWL 9.2 cm
 BOP's 8" 3000
 Power Tong Co Francis Torque Max. 1300 Min. 950
 Casing String Wt. 30000 daN Remarks _____

Cementing Co. Dowell Operator Greg

TYPES & QUANTITIES OF CEMENT Date 8-3-90

Filler Volume Amount 450 m³ Type 65/35 Poz Wt. 12.41 kg/m³
 Additives 6% D-20 3% CC 1/4" D-29 10% Salt
 Tail In Volume Amount 200 m³ Type H Wt. 15.6 kg/m³
 Additives 13% D-60 1/4" D-29
 HT. Cemented _____ Water Ahead 10 m³ Start Mix 6.5 @ 400 m³
 Finish Mix 800 @ 6 B.P. m³ Pumping Press 800 kPa Bump Press 1200 kPa
 Float Held YES Cement Returns 12 BBL m³
 Plug Down 3:00 Am Date 8-3-90
 Wt. Landed in Slips 30,000 daN Make of Bowl _____
 Size _____ mm Series _____ Slip & Seal Esembly _____
 Remarks (Wellhead - Make, Type, Size) BWC Brader Head 10 3/4 x 4 1/2
Rotated Csg throughout job

RECEIVED

Co. Rep. Don Rodgers STATE CORPORATION COMMISSION
 DEC 5 1990

DOWELL SCHLUMBERGER INCORPORATED
 P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

15-075-20464-0000

OFFIELD SERVICES
 INDUSTRIAL SERVICES

DSI SERVICE ORDER RECEIPT AND INVOICE NO. **2890**

ORIGINAL DSSCS KS 03-12
 DSI SERVICE LOCATION NAME AND NUMBER

CUSTOMER NUMBER _____ CUSTOMER P.O. NUMBER _____
 TYPE SERVICE CODE **285** BUSINESS CODES _____

CUSTOMER'S NAME

American Exploration

ADDRESS _____

CITY, STATE AND ZIP CODE _____

WORKOVER NEW WELL OTHER API OR IC NUMBER _____

ARRIVE LOCATION MO. DAY YR. TIME
8 2 90 0300

SERVICE ORDER RECEIPT
 I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

JOB COMPLETION MO. DAY YR. TIME
8 3 90 0300

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Don Rodgers

STATE **KANSAS** CODE _____ COUNTY / PARISH **Hamilton** CODE _____ CITY _____

WELL NAME AND NUMBER / JOB SITE **HCU. 3020-B** LOCATION AND POOL / PLANT ADDRESS **Bendshaw**

SHIPPED VIA **OS**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
048215					
049102-000	Pump trk Charge	EA	1	1026.00	1026.00
049102-000	Deliver Charge	33 T/M	1980	.80	1584.00
049100-000	Service Charge	F3	979	1.08	811.32
059697-000	PACR	EA	1	110.00	110.00
059800-002	Milage	Mi.	60	2.40	144.00
01003-000	0903 Class C Cmt	F3	293	7.00	2051.00
040015-000	0909 Class H Cmt	F3	200	6.85	1370.00
045008-000	025 Oilfoc 3	F3	157	2.30	361.10
045014-050	020 Gell	BS	2349	.13	305.37
045004-050	044 Salt	BS	4603	.10	460.30
067005-100	51 Carb	BS	1175	.32	376.00
044002-050	0160 Fibrous Additive	BS	56	6.70	375.20
044003-025	029 Cellophane Flake	BS	103	1.37	223.31
050101-044	1/2 Guide Shoe	EA	1	105.00	105.00
052001-044	1/2 Auto-Pill Collar	EA	1	385.00	385.00
056011-044	1/2 Centralizers	EA	4	48.00	192.00
056711-044	1/2 Turbolizers	EA	8	50.00	400.00
056704-044	1/2 Tee Rubber plug	EA	1	70.00	70.00
056014-044	1/2 Stop Rings	EA	1	16.00	16.00
057499-001	K-232 Thread Rk Kit	EA	1	22.00	22.00
01094-000	5433 polymer	BS	43	1.47	76.11

Field Est # 10493.71

SUBTOTAL RECEIVED

LICENSE/REIMBURSEMENT FEE _____

REMARKS: **Thank you for orders**
 STATE **KANSAS** % TAX ON \$ _____
 COUNTY **Hamilton** % TAX ON \$ _____
 CITY **Wichita** % TAX ON \$ _____
 SIGNATURE OF DSI REPRESENTATIVE **Greg Black** TOTAL \$ _____

CEMENTING SERVICE REPORT

ORIGINAL

15-015-20464-0000
 TREATMENT NUMBER 03-12-2890 DATE 8-2-90
 STAGE DS DISTRICT 03-2 WLSSES

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

WELL NAME AND NO. 1400 3000 B		LOCATION (LEGAL)		RIG NAME Cheyenne	
FIELD-POOL Bradshaw		FORMATION Chase		WELL DATA:	
COUNTY/PARISH Hamilton		STATE KS		API. NO.	
NAME American Exp.		MUD TYPE		GRADE	
AND		<input type="checkbox"/> BHST		THREAD	
ADDRESS		<input type="checkbox"/> BHCT		3"	
ZIP CODE		MUD DENSITY		LESS FOOTAGE SHOE JOINT(S)	
		4.4		TOTAL	
		MUD VISC.		Disp. Capacity	
		572.9		44.0	
NOTE: Include Footage From Ground Level To Head In Disp. Capacity					
		SHOE FLOAT		SHOE TOOL	
		TYPE		TYPE	
		DEPTH		DEPTH	
		TYRE		TYRE	
		DEPTH		DEPTH	

SPECIAL INSTRUCTIONS
 Supply materials and services to
 Safely cement 4 1/2 production casing.

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	HEAD & PLUGS	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB	
LIFT PRESSURE 1657 PSI	<input type="checkbox"/> Double	SIZE	TOOL	TYPE	DEPTH
PSI CASING WEIGHT + SURFACE AREA (3.14 x R ²)	<input checked="" type="checkbox"/> Single	WEIGHT			
PRESSURE LIMIT 1520 PSI	<input type="checkbox"/> Swage	GRADE	TAIL PIPE: SIZE DEPTH		
BUMP PLUG TO 115 PSI	<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME Bbls		
ROTATE 60 RPM	TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL -Bbls		
RECIPROCATING FT	BOT <input type="checkbox"/> R <input type="checkbox"/> W	DEPTH	TOTAL Bbls		
No. of Centralizers 12			ANNUAL VOLUME Bbls		

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
01:36	1670	-	-	-							
01:48		220	20	-	5.1	H ₂ O	8.34				
02:00		400	177	-	6.5	Cont	12.4				
02:33		130	42	-	5.1	Cont	15.10				
02:44											
02:49		30	442	-	6	H ₂ O	8.34				
02:55		5:0	-	-	1.9	H ₂ O	8.34				
03:08		110	-	-	1.1	H ₂ O	8.34				
03:09		110	-	-	-	-	-				
03:09											

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS					SLURRY MIXED	
			INJECT RATE	FLUID TYPE	FLUID DENSITY	BBLs	DENSITY		
1.	450	2.21	35% 105 #/c + 6% D20 + 3% 51 + 10% 44 + 1/4 #/580 29				177.1	12.4	
2.	200	1.18	Class H + 3% D100 + 1/4 #/580 29				42	15.4	
3.									
4.									
5.									
6.									

STATE CORPORATION COMMISSION

DEC 5 1990

BREAKDOWN FLUID TYPE		VOLUME		DENSITY	PRESSURE	MAX.	MIN.
<input type="checkbox"/> HESITATION SQ.	<input checked="" type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	DISPLACEMENT VOL.	44.2 Bbls	Cement Circulated To Surf.	110	0
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO		TO	FT	MEASURED DISPLACEMENT <input checked="" type="checkbox"/>	<input type="checkbox"/> WIRELINE	44 Bbls	
PERFORATIONS		CUSTOMER REPRESENTATIVE			SUPERVISOR		
TO	TO	Don Rogers			Mike Black		

Kee

DRILLERS LOG

AMERICAN EXPLORATION COMPANY
HCU #3020-B
SECTION 30-T22S-R40W
HAMILTON COUNTY, KANSAS

COMMENCED: 07-31-90
COMPLETED: 08-03-90

SURFACE CASING: 349' OF 8 5/8"
CMTD W/120 SX 65/35 POZ, 6% D-20,
1/4#/SX D-29, TAILED IN W/100 SX "H"
3% C.C., 1/4#/SX D-29

FORMATION	DEPTH
SURFACE HOLE	0- 364
CLAY	364- 667
CLAY & SHALE	667-1407
SHALE	1407-2055
SHALE & ANHYDRITE	2055-2470
SHALE & LIME	2470-2772 RTD

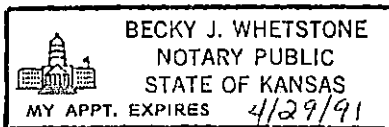
I DO HEREBY CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

CHEYENNE DRILLING, INC.

A. J. Jacques
A. J. JACQUES

STATE OF KANSAS :ss:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 3RD DAY OF AUGUST, 1990.



Becky J Whetstone
BECKY J. WHETSTONE, NOTARY PUBLIC

AUG - 6 1990

CONSERVATION DIVISION
Wichita, Kansas