

ORIGINAL CONFIDENTIAL

FORM MUST BE TYPED

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 # 5003
Name: McCoy Petroleum Corporation
Address: 3017 N. Cypress Street
City/State: Wichita, KS
Zip: 67226-4003

Purchaser: Gas: None
Oil: None

Operator Contact Person: Steve O'Neill
Phone: (316) 636-2737

Contractor: Name: Mallard JV, Inc.
License: 4958

Wellsite Geologist: Corey N. Baker

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:
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. _____

<u>5/2/98</u>	<u>5/8/98</u>	<u>5/9/98</u>
Spud/Start Date	Date Reached TD	Completion Date

API NO. 15- 083-21457-0000 plugged 5/9/98

County Hodgeman

Spot Location: Appx. 60'S of _____ E
_____ C NW SW Sec. 25 Twp. 22s Rge. 25W W

1920 Feet from N (circle one) Line of Section
4620 Feet from W (circle one) Line of Section

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

Lease Name AMREIN "A" Well # 1-25

Field Name Wildcat

Producing Formation None

Elevation: Ground 2521' KB 2526'

Total Depth 4775' PSTD None

Amount of Surface Pipe Set and Cemented at 227' Feet
et

Multiple Stage Cementing Collar Used? Yes No
Feet

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ SX SX
SX cmt.

Drilling Fluid Management Plan DFA, 8-11-98 UC
(Data must be collected from the Reserve Pit)

Chloride content 26,000 ppm Fluid volume 800 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name KCC 6-14-98

Lease Name MAY 12 License _____

County _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
KANSAS CORPORATION
MAY 14 11:09 AM '98

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 Corey N. Baker

Title Corey N. Baker, Regulatory Geologist Date 5/12/98

Subscribed and sworn to before me this 12th day of May
19 98

Notary Public Deborah Ann Paulus

Date Commission Expires January 8, 2000

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Geologist Report Received

RELEASED

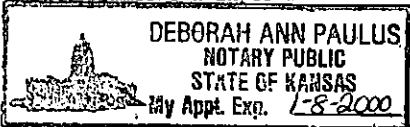
Distribution

KCC SWD/Rep NGPA

KGS MAY 12 2000 Other

GS (Specify)

FROM CONFIDENTIAL



15.083.21457.0000

SIDE TWO

Operator Name McCoy Petroleum Corporation

Lease Name AMREIN "A"

Well # 1-25

sec. 25 Twp. 22s Rge. 25w

East
 West

County Hodgeman

CONFIDENTIAL ORIGINAL

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 Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum Name
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	See Attached Log Tops:	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: <u>ELI Wireline Services</u>			
<u>Radiation Guard, Geological Report</u>			

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 Aciditives
Surface	12 1/4"	8 5/8"	24#	227'	Allied	150	2% gel, 3% CaCl

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	Sacks Used 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
None	RELEASED	KCC	
	MAY 12 2000	MAY, 12	
	FROM CONFIDENTIAL	CONFIDENTIAL	

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			
None: D&A		<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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: None: D&A

(If vented, submit AC0-18)

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ORIGINAL

Well Report
Page 3

McCoy Petroleum Corporation
Amrein "A" #1-25
60' S of CNW SW
Sec. 25-T22S-R25W
Hodgeman County, KS.

15-083-21457-0000

	Structure Compared To:
LOG TOPS	Franco-Central
Amrein "A" #1-25	Brumfield #1
60'S of CNW SW	CNW NE
Sec. 25-22S-25W	Sec. 36-22S-25W
KB: 2526'	KB: 2481'

Anhydrite	1700 (-826)	-5
Base Anh.	1731 (-795)	+1
Heebner	3974 (-1448)	-4
Lansing	4031 (-1505)	-11
Stark Shale	4320 (-1794)	-1
Fort Scott	4574 (-2048)	-4
Cherokee	4597 (-2071)	-6
Mississippi	4686 (-2160)	-11
Miss Poro.	4697 (-2171)	-12

KCC

MAY 12
CONFIDENTIAL

RECEIVED
KANSAS CORP CO. INC.
1998 MAY 14 A 11:09

RELEASED

MAY 12 2000

FROM CONFIDENTIAL

ALLIED CEMENTING CO., INC. 2622

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Great Bend, Ks.

15-083-21457-0000

DATE <i>5-2-98</i>	SEC. <i>25</i>	TWP. <i>22S</i>	RANGE <i>25W</i>	CALLED OUT <i>6:00PM</i>	ON LOCATION <i>9:30PM</i>	JOB START <i>11:30AM</i>	JOB FINISH <i>2AM</i>
LEASE <i>Amrison A</i>		WELL # <i>1-25</i>		LOCATION <i>Getmore - 7 1/2 W 2 1/2 N E side</i>		COUNTY <i>Hodgeman</i>	STATE <i>Ks</i>

CONTRACTOR *Mallard Drilling*

TYPE OF JOB *Surface casing*

HOLE SIZE *12 1/8"* T.D. *227'*

CASING SIZE *8 5/8" 23#* DEPTH *221'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2"* DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *18'*

PERFS. _____

OWNER *Same*

CEMENT

AMOUNT ORDERED *150 AX 60/40% puz 3% cc 2 1/2 gal*

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING MILEAGE @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Duane D Smith*

120 HELPER *Kevin S. Rose*

BULK TRUCK # *341* DRIVER *J.D. Drilling*

BULK TRUCK # _____ DRIVER _____

RELEASED

TOTAL _____

MAY 12 2000

REMARKS:

CDC pld 2 Am

Circulated hole @ rig pump

Mixed 150 AX

Released plug & displaced @ fresh H2O

Cement did circulate

SERVICE FROM CONFIDENTIAL

DEPTH OF JOB *221'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG *3 Wiper (Wooden)* @ _____

_____ @ _____

_____ @ _____

CHARGE TO *McCoy Petroleum Corp*

STREET *3017 N. Cypress*

CITY *Wichita* STATE *Ks* ZIP *67226-4003*

FLOAT EQUIPMENT

(1) 8 5/8" Centralizer @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

Thank you!

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

ALLIED CEMENTING CO., INC.

3155

TO, P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT

15-083-21457-0000

Ness City

DATE <u>5-9-88</u>	SEC <u>25</u>	TWP <u>22</u>	RANGE <u>25</u>	CALLED OUT <u>9:15 AM</u>	ON LOCATION <u>11:20 AM</u>	JOB START <u>11:40 AM</u>	JOB FINISH <u>1:15 PM</u>
LEASE <u>Amstein</u>	WELL # <u>A-1</u>	LOCATION <u>Netmore 7w 2 1/2 N E.S</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS</u>		

OLD OR NEW (Circle one)

CONTRACTOR Mallard Ditz

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 4775

CASING SIZE 8 7/8 DEPTH 227

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

OWNER _____

CEMENT

AMOUNT ORDERED

215 6 7/8 6 7/8

14 7/8 7/8 Seal per ex

COMMON @

POZMIX @

GEL @

CHLORIDE @

7/8 Seal @

@

@

@

HANDLING @

MILEAGE 36 @

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER L. Whitehouse

224 HELPER B. White

BULK TRUCK

222 DRIVER D. Walls

BULK TRUCK

DRIVER

REMARKS:

Mix 50 x e 1750

80 x e 920

50 x e 230

10 x e 40

15 x RH

10 x MH

Thanks

SERVICE

DEPTH OF JOB 1750

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @

MILEAGE 36 @

PLUG Top wood @

@

@

TOTAL _____

CHARGE TO: Mc Coy Pet.

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

@

@

@

@

@

TOTAL _____

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SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS