

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1989
Form Must Be Typed

ORIGINAL

Operator: License # 30535
 Name: Hartman Oil Co., Inc.
 Address: 1223 N. Rock Road Bldg.A-Suite 200
 City/State/Zip: Wichita, KS 67206
 Purchaser: _____
 Operator Contact Person: Stan Mitchell
 Phone: (620) 272-3988
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____

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/Re-entry: Old Well Info as follows:

Operator: Kaiser-Francis Oil Co.
 Well Name: Norman-Adam
 Original Comp. Date: 3-30-77 Original Total Depth: 4657'
 ___ Deepening Re-perf. ___ Conv. to Enhr./SWD
 Plug Back 4060' Plug Back Total Depth
 ___ Commingled Docket No. _____
 ___ Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. D-19,551

<u>7/18/01</u>	<u>7/24/01</u>	<u>7/31/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 055-20250-0002
 County: Finney
 ___ C-SW- SE Sec. 4 Twp. 22 S. R. 33 East West
660 feet from N (circle one) Line of Section
1980 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE NW SW
 Lease Name: Norman-Adam Well #: 2-4
 Field Name: Damme
 Producing Formation: L/KC "H"
 Elevation: Ground: 2895 Kelly Bushing: 2902
 Total Depth: 4657' Plug Back Total Depth: 4060'
 Amount of Surface Pipe Set and Cemented at 485' 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/ _____ sx cmt.

Drilling Fluid Management Plan *Workover on 10-24-03*
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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 of 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: J.T. Mitchell
 Title: Production Supervisor Date: _____
 Subscribed and sworn to before me this 9th day of August,
~~2001~~ 2001.
 Notary Public: Meryl L. King
 Date Commission Expires: 1-23-02

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

MERYL L. KING
 NOTARY PUBLIC
 STATE OF KANSAS
 MY APPT. EXPIRES

X

Operator Name: Hartman Oil Co., Inc. Lease Name: Norman Adam Well #: 2-4
 Sec. 4 Twp. 22 S. R. 33 East West County: Finney

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Correlation	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Heebner</td> <td>3790</td> <td>-889</td> </tr> <tr> <td>L/KC</td> <td>3831</td> <td>-930</td> </tr> <tr> <td>L/KC "H"</td> <td>3992</td> <td>-1090</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Heebner	3790	-889	L/KC	3831	-930	L/KC "H"	3992	-1090
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample														
Name	Top	Datum														
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L/KC	3831	-930														
L/KC "H"	3992	-1090														

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	# Sacs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	20#	485'	Class A	375	2% cc
Production	7 7/8"	5 1/2"	14#	4657'	Class A	475	5# Gilsonite

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	4380	Class A	175	3/4# Gilsonite
<input type="checkbox"/> Plug Off Zone	4070	Class A	250	5# Gilsonite

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
	CIBP @ 4060'		4060'
4/SPF	L/KC "H" 3992-4012'		
		SEE ATTACHED	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>3901'</u>	Packer At <u>3901'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production <u>(SVD)</u> or Enhr. <u>7/31/01</u>		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, Sumit ACO-18.)*

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

Production Interval _____