

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

Operator: License # 31995
Name: Charles Griffin
Address: Rte. 3 Box 56
Stafford, KS 67578

City/State/Zip Stafford, KS 67578
Purchaser: Sandhill

Operator Contact Person: Rennie Griffin
Phone: (316) 234-6189

Contractor: Name: BASYE WELL SERVICE
License: 5670

Wellsite Geologist: NONE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGM
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: Stanolind Oil & Gas
Well Name: Allen #7

Comp. Date: 1/10/98 Old Total Depth 3560

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2800' PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1/8/98 Date of START OF WORKOVER 1/12/98 Date Reached TD 1/12/98 Completion Date of WORKOVER

API NO. 15- 185-02,099-0002
County Stafford
-Se - SW-SW Sec. 31 Twp. 22S Rge. 11 ^E _W

330 Feet from S (circle one) Line of Section
990 Feet from E (circle one) Line of Section

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

Lease Name Allen Well # 7
Field Name Richardson

Producing Formation Severy

Elevation: Ground 1813 KB 1816

Total Depth 3560 PBDT 2800

Amount of Surface Pipe Set and Cemented at 248 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 REWORK OK 2-11-99
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid Volume _____ bbls
RECEIVED
KANSAS CORPORATION COMMISSION

Dewatering method used _____
JAN 29 1999

Location of fluid disposal if hauled offsite: 1-29-99

Operator Name _____
CONSERVATION DIVISION
WICHITA, KS

Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W

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 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.

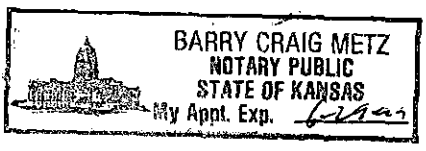
Signature [Signature]
Title _____ Date 1/29/99

Subscribed and sworn to before me this 29th day of January, 19 99.

Notary Public [Signature]

Date Commission Expires 6-29-99

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



SIDE TWO

Operator Name Charles Griffin Lease Name Allen Well # 7
 East County Stafford
 Sec. 31 Twp. 22S Rge. 11 West

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Tarkio Sand</u>	<u>2491 -675</u>
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Howard</u>	<u>2669 -853</u>
List All E.Logs Run:		<u>Severy</u>	<u>2731 -915</u>

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

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	<u>CIBP Set @2800'</u>		
<u>2</u>	<u>2742-2748</u>	<u>500 Gallons 15% HCL</u>	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>2757'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. <u>2/24/98</u>		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u>0</u> Bbls.	Gas <u>125</u> Mcf	Water <u>20</u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2742'-2748'
 (If vented, submit ACO-18.) Other (Specify) _____