

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

API NO. 15- 185-21683-0001 ORIGINAL

County Stafford
NW - SW - SE - _____ Sec. 15 Twp. 22 Rge. 13 X ^E _W

Operator: License # 32150

990 Feet from (S)W (circle one) Line of Section

Name: W. L. Kirkman

2290 Feet from (E)W (circle one) Line of Section

Address 3751 N. Smyser

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

City/State/Zip Wichita, KS 67204

Lease Name Hullman Well # B-1

Purchaser: _____

Field Name Kenilworth

Operator Contact Person: W. L. Kirkman

Producing Formation Simpson Sand - (TA'd)

Phone (316) 838-0093

Elevation: Ground 1892 KB 1897

Contractor: Name: _____

Total Depth 3900 PBDT 3771

License: _____

Amount of Surface Pipe Set and Cemented at 309 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

Oil SMD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cnt.

If Workover/Reentry: Old Well Info as follows:

Drilling Fluid Management Plan OWWO, 9-18-98 u.c.
(Data must be collected from the Reserve Pit)

Operator: Huffer Oil & Gas

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: Hullman B-1

Deaerating method used _____

Comp. Date 2-24-82 Old Total Depth 3771

Location of fluid disposal if hauled offsite: _____

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

Operator Name _____

1-4-99 2/15/97

Lease Name _____ License No. _____

Spud Date of Rework Date Reached TD _____ Completion Date _____
of Rework

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 _____
Title OWNER Date 9-1-98

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SMD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other (Specify)

Subscribed and sworn to before me this 1st day of SEPTEMBER, 1998.

Notary Public Brent D. Schock

Notary Commission Expires 10-23-99

BRENT D. SCHOCK
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-23-99

SIDE TWO

Operator Name L. Kirkman Lease Name Hullman Well # B-1
 Sec. 15 Twp. 22S Rge. 13 East West
 County Stafford

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
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:
 Gamma Ray Neutron

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
Heeb	3239	-1342
Lansing	3390	-1493
Viola	3698	-1801
Simpson Sand	3759	-1862
Arbuckle	3798	-1901

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 checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	2918	50-50 poz	100	
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone		common	50	2% c.c.

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
4		500 gal 7 1/2 % acid	2906-08
	Plug		3020

TUBING RECORD

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

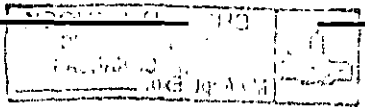
Date of First, Resumed Production, SUD or Inj. Producing Method Flowing Pumping Gas Lift Swab Other (Explain)

Estimated Production Per 24 Hours	Oil trace	Bbls.	Gas 40	Mcf	Water X	Bbls. 200	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Coningled

Production Interval Other (Specify) _____



ORIGINAL

ORIGINAL



HALLIBURTON®

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046
Corporate FIN 73-0271280

INVOICE

HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

INVOICE NO.	DATE
218930	02/06/1997

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
HULLMAN "B" 1	STAFFORD	KS	SAME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
PRATT	BAYSE WELL SERVICE	SQUEEZE PERFORATIONS	02/06/1997		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
84510	W L KIRKMAN			COMPANY TRUCK	20152

PD BY CK 3966

\$5,122.99*

15-185-21683-0001
DIRECT CORRESPONDENCE TO:

W L KIRKMAN INC.
1200 OAKWOOD COURT
DERBY, KS 67037

1102 E. 8TH
HAYS KS 67601
913-625-3431

ORIGINAL

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	80	MI	2.99	239.20
		1	UNT		
000-119	MILEAGE FOR CREW	80	MI	1.60	128.00
		1	UNT		
009-134	CEMENT SQUEEZE	2918	FT	1,580.00	1,580.00
009-019		1	UNT		
128-546	SQUEEZE MANIFOLD	1	DAY	290.00	N/C
		1	EA		
504-136	CEMENT - 40/60 POZMIX STANDARD	100	SK	8.14	814.00
504-308	CEMENT - STANDARD	50	SK	10.83	541.50
507-277	HALLIBURTON-GEL BENTONITE	1	SK	18.60	18.60
509-406	ANHYDROUS CALCIUM CHLORIDE	1	SK	40.75	40.75
500-207	BULK SERVICE CHARGE	154	CFT	1.35	207.90
500-306	MILEAGE CNTG MAT DEL OR RETURN	265	TNI	1.05	278.25

INVOICE SUBTOTAL

3,848.20

DISCOUNT-(BID)

962.03-

INVOICE BID AMOUNT

2,886.17

*-KANSAS STATE SALES TAX

136.72

*-PRATT COUNTY SALES TAX

27.91

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====> \$3,050.80

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

*** CASH JOB ***