

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

Operator: License # 5056
Name: F.G.HOLL CO., L.L.C.
Address 6427 E.Kellogg
P.O.Box 780167
City/State/Zip Wichita, KS 67278-0167
Purchaser: NCRA
Operator Contact Person: Elwyn H. Nagel
Phone (316) 684-8481
Contractor: Name: Geo Search, L.L.C.
License: 31923
Wellsite Geologist: Franklin R. Greenbaum
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas ENHR SIGN COMMISSION
 Dry Other (Code: NA)

If Workover:
Operator: _____
Well Name: _____
Comp. Date: _____
Old Total Depth: _____
Deepening Re-perf. Conv. to Inj/SWD
Plug Back PBSD
Commingled Docket No. _____
Dual Completion Docket No. _____
Other (SWD or Inj?) Docket No. _____
5/07/98 5/07/98 5/21/98
Spud Date Date Reached TD Completion Date
PEA 3/27/2000

API NO. 15- 159-22361-0000
County Rice
-NW -SE -SW Sec. 5 Twp. 21 S Rge. 10 ^E ^W
850 Feet from (circle one) Line of Section
1800 Feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or (circle one)
Lease Name Scott Well # 1-5
Field Name Bell N.W.
Producing Formation NA
Elevation: Ground 1744' KB NA
Total Depth 417' PBSD 386'
Amount of Surface Pipe Set and Cemented at 407 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set NA Feet
If Alternate II completion, cement circulated from NA
feet depth to na w/ na sx cmt.


Drilling Fluid Management Plan PEA OK JK 4-14-00
(Data must be collected from the Reserve Pit)
Chloride content 4,000 ppm Fluid volume 20 bbls
Dewatering method used no free fluids
Location of fluid disposal if hauled offsite: _____
Operator Name _____
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 Geologist Date 2/8/99
Subscribed and sworn to before me this 8 day of February, 19 99.
Notary Public Danny Dodel
Date Commission Expires 4-2-2001

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

 **DANNY DODD**
Notary Public - State of Kansas
My Appt. Expires _____

R

X

Operator **HOLL CO., L.L.C.**

SIDE TWO

Lease Name Scott

Well # 1-5

Sec. 51 Twp. 21S Rge. 10

East
 West

County Rice

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 (Submit Copy.) Yes No

List All E.Logs Run: Multipole Array Acoustilog
Spectralog
Gamma Ray Log
3-Arm Caliper Log

Name	Formation (Top), Depth and Datums	
	Top	Datum
Anhydrite	417	+1327
RTD	417	+1327

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	6 3/4"	4 1/2"	11#	407' GL	EA2 Cmt/w Halad-322	85	5% cal seal 3%CC .75Halad
				Cement	did circulate		

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
4 BSPF	191'-99', 212'-16', 242.5'-46.5'	NA, made 2 swab runs for	
6 BSPF	251'-54.5', 257'-62	fluid sample, S.I.	
4 BSPF	284'-86', 308'-10', 334'-38'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	NA			NA c <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
NA PEA 3-27-2000	NA <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
	NA	NA	NA		

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____