

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 E. Central, P.O. BOX 780167
City/State/Zip: Wichita, Kansas 67278-0167
Purchaser: NCRA
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
Contractor: Name: L.D. Drilling, Inc.
License: 6039
Wellsite Geologist: Kim Shoemaker

RECEIVED
MAY 02 2003

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

KCC WICHITA

If Workover/Re-entry: Old Well Info as follows:
Operator: F.G. Holl Company, L.L.C.

Well Name: WILSON-TRUST 1-24
Original Comp. Date: 10/11/2002 Original Total Depth: 3675'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

RU:02/06/2003 08/30/2002 02/12/2003
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23,163-0007
County: Stafford
E/2 E/2 NW Sec. 24 Twp. 21 S. R. 12 East West
1320 feet from S (N) (circle one) Line of Section
2210 feet from E (NW) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: WILSON-TRUST "OWWO" Well #: 1-24
Field Name: Steve

Producing Formation: Viola & Arbuckle
Elevation: Ground: 1821' Kelly Bushing: 1826'
Total Depth: 3675' Plug Back Total Depth: 3622'
Amount of Surface Pipe Set and Cemented at 255' 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 Unknown ltr 5-5-03
(Data must be collected from the Reserve Pit)

Chloride content 37,000 ppm Fluid volume 1,000 bbls
Dewatering method used Hauled Free Fluids to Disposal

Location of fluid disposal if hauled offsite:
Operator Name: Paul's Oilfield Service
Lease Name: Stargel SWD License No.: 31085
Quarter NE Sec. 4 Twp. 22 S. R. 12 East West
County: Stafford Docket No.: D-21,908

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: Franklin R. Greenbaum
Title: Exploration Manager Date: 05/01/2003

Subscribed and sworn to before me this 1st day of May, 2003
Betty B. Herring
Notary Public: Betty B. Herring

Date Commission Expires: 04/30/2006

Notary Public - State of Kansas
BETTY B. HERRING
My Appt. Exp. 4/30/2006

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



Operator Name: F.G. Holl Company, L.L.C. Lease Name: WILSON-TRUST Well #: 1-24
 Sec. 24 Twp. 22 S. R. 12 East West County: Stafford

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: DIL/CNL-CDL/MEL/BHCS	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original
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CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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 Additives
Surface	12-1/4"	8-5/8"	23#	255'KB	60/40 Pozmi	275sx	2% gel, 3% cc
Production	7-7/8"	5-1/2"	14#	3464'KB	50/50 Pozm	150sx	2 Holl

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 SPF	3478' - 3492' Viola	Treat w/ 1000 gal 7-1/2% DSFE	
	3556' - 3612' Arbuckle (old zone)	Retreat w/ 3500 gal 15% FE acid	

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-7/8"		

Date of First, Resumed Production, SWD or Enhr. 02/12/2003	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 1.72	Gas Mcf 11	Water Bbls. 41	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval <u>3556 - 3612' Arbuckle</u>
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