

ORIGINAL

SIDE ONE

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

Operator: License # 5533

Name: Arrowhead Petroleum, Inc.

Address P.O. Box 8287, Mungler Station

City/State/Zip Wichita, KS 67208

Purchaser: _____

Operator Contact Person: W. Todd Seymour

Phone (316) 681-3921

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If **OWO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

1-02-90 1-08-90

Spud Date Date Reached TD Completion Date

API NO. 15- 185-22,645-0000

County Stafford

50 E of _____ East

C S / 2 NE Sec. 6 Twp. 21 Rge. 13 West

3300' Ft. North from Southeast Corner of Section

1270' Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

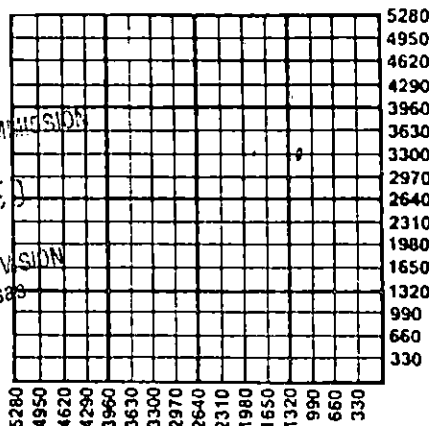
Lease Name Morrison Trust Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 1905 KB 1910

Total Depth 3670' PBD _____



RECEIVED
STATE CORPORATION COMMISSION

CONSERVATION DIVISION
Wichita, Kansas

ALT 1

Amount of Surface Pipe Set and Cemented at 225' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Paul A. Seymour

Title President Date 1-24-90

Subscribed and sworn to before me this 24th day of January, 19 90.

Notary Public Ruth M. Bassett

Date Commission Expires May 30, 1991

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached

C Wireline Log Received

C Drillers Time Log Received

Distribution

KCC SWD/Rep NGPA

KGS Plug Other (Specify)



111190

SIDE TWO

Operator Name Arrowhead Petroleum, Inc. Lease Name Morrison Trust Well # 1
Sec. 6 Twp. 21 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.)
DST #1 DST #2
3593-97 1/4' 25" BB 3597 -3602
30-45 45-60 30-30-30-30
300 Gip 366GIP
60 Cln Gassy Oil 120Cln Gassy Oil
180 Wtr Mud 60 Wtr Oil Cut Mud
ICIP 893 1340 Gassy Salt Water
FCIP 873

Formation Description
 Log Sample

Name	Top	Bottom
Heebner	3200	(-1290)
Toronto	3218	(-1308)
Douglas	3218	(-1326)
Brown Line	3315	(-1405)
Lansing	3327	(-1417)
Arbuckle	3597	(-1687)
RTD	3670	

IFP 20-80
IFP 20-100
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	12 1/4"	8-5/8"	20#	225'	60/40poz	140	2% gel 3% cc

PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record	
Shots Per Foot	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth

TUBING RECORD
Size _____ Set At _____ Packer At _____
Liner Run Yes No

Date of First Production _____ Producing Method Flowing Pumping Gas Lift 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, submit ACO-18.)
METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) _____
Production Interval _____