

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 5663
Name: Hess Oil Company
Address P.O. Box 1009

City/State/Zip McPherson, KS 67460

Purchaser: Mac County Gas

Operator Contact Person: Bryan Hess

Phone (316) 241-4640

Contractor: Name: Hess Oil Company

License: 5663

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBTB
 Casingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. E-2434

8-1-92

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- Drilled 1955
County McPherson
100' E. of SW - SE - SW Sec. 20 Twp. 21 Rng. 1 ^E

330 Feet from (S) N (circle one) Line of Section

3580 Feet from (E) W (circle one) Line of Section

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

Lease Name KINDBLADE Well # 7

Field Name Graber

Producing Formation Mississippi

Elevation: Ground 1490' KB _____

Total Depth 3460' PBTB 3380'

Amount of Surface Pipe Set and Cemented at 164 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 6-30-93
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume _____ bbls

Dewatering method used _____

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, 200 Colorado Derby Building, 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.

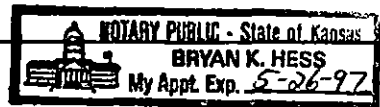
Signature Pamela S. Macy

Title Agent Date 6-29-93

Subscribed and sworn to before me this 29 day of June, 19 93.

Notary Public Bryan K Hess

Date Commission Expires 7



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
KCC STASWD/Reproduction
KGS Plug Other
DISTRIBUTION RECEIVED
JUN 30 1993
(Specify)

SIDE TWO

Operator Name Hess Oil Company Lease Name KINDBLADE Well # 7
 Sec. 20 Twp. 21 Rge. 1 East West
 County McPherson

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 type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mississippi	2918'	-1428'
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hunton	3284'	-1794'
List All E.Logs Run:				

CASING RECORD <input 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		8 5/8"		256'		200	
Production		5 1/2"		3459'		200	

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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	2917'-24' (gas zone)		
	3284'-3300' (Injection zone)		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
		2 7/8"	3090'	3090'	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD of <u>Inj.</u>		Producing Method		<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
8-1-92								
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
			25					

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

METHOD OF COMPLETION: Open Hole Perf. Quality Comp. Commingled Other (Specify) _____

Production Interval: 2917'-24'