| STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION                                                                                                                                                                                                 | API No. 15 - 093-21455-0000                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELL COMPLETION FORM-<br>ACO-1 WELL HISTORY                                                                                                                                                                                                                            | county Kearny                                                                                                                                                                                                                                                                                                                                                                      |
| DESCRIPTION OF WELL AND USE                                                                                                                                                                                                                                            | _ SE - SE - SW sec. 19 Twp. 21S Rge. 38 X We                                                                                                                                                                                                                                                                                                                                       |
| 5952 Operator: License #                                                                                                                                                                                                                                               | 600 Feet from SN (circle one) Line of Section                                                                                                                                                                                                                                                                                                                                      |
| Name: _Amoco_Production Company                                                                                                                                                                                                                                        | 2980 Feet from EJW (circle one) Line of Section                                                                                                                                                                                                                                                                                                                                    |
| Address PO Box 800 Room 924                                                                                                                                                                                                                                            | Footages Calculated from Nearast Outside Section Corner:<br>NE, SE NW, or SW (circle one)                                                                                                                                                                                                                                                                                          |
| ·                                                                                                                                                                                                                                                                      | Lease Name Wyatt E. Well # 1-19                                                                                                                                                                                                                                                                                                                                                    |
| city/State/Zip Denver, CO 80201                                                                                                                                                                                                                                        | Field NameWildcat                                                                                                                                                                                                                                                                                                                                                                  |
| Purchaser: N/A                                                                                                                                                                                                                                                         | Producing Formation Dry                                                                                                                                                                                                                                                                                                                                                            |
| Operator Contact Person: Susan R. Potts                                                                                                                                                                                                                                | Elevation: Ground 3415.30' KB 3426'                                                                                                                                                                                                                                                                                                                                                |
| Phone 303-830-5323                                                                                                                                                                                                                                                     | Total Depth 5430 PBTD Dry                                                                                                                                                                                                                                                                                                                                                          |
| Contractor: Name: Cheyenne Drilling                                                                                                                                                                                                                                    | Amount of Surface Pipe Set and Cemented at 1092 Feet                                                                                                                                                                                                                                                                                                                               |
| License: 5382                                                                                                                                                                                                                                                          | Mulitple Stage Cementing Collar Used? Yes X No                                                                                                                                                                                                                                                                                                                                     |
| Wellsite Geologist: Austin Garner -                                                                                                                                                                                                                                    | If yes, show depth set Fee                                                                                                                                                                                                                                                                                                                                                         |
| Designate Type of Completion                                                                                                                                                                                                                                           | If Alternate II completion, cement circulated from                                                                                                                                                                                                                                                                                                                                 |
| X New Well Re-Entry Workover                                                                                                                                                                                                                                           | feet depth to w/ sx cr                                                                                                                                                                                                                                                                                                                                                             |
| Gas , ENHR SIGW Temp.Abd.  X Dry Other (Core, WSW, Expl., Cathodic, etc.)                                                                                                                                                                                              | Orilling Fluid Management Plan  (Data must be collected from the Reserve Pit)  5/14-9 G  WW                                                                                                                                                                                                                                                                                        |
| If Warkover/Re-entry; old well info as follows:                                                                                                                                                                                                                        | Chloride content 65,000 ppm Fiuid Volume 2000 bbl                                                                                                                                                                                                                                                                                                                                  |
| Operator:                                                                                                                                                                                                                                                              | Dewstering method usedDried and Filled                                                                                                                                                                                                                                                                                                                                             |
| Well Name:                                                                                                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                  |
| Comp. Date Old Total Depth                                                                                                                                                                                                                                             | Location of fluid disposal if hauled offsite:                                                                                                                                                                                                                                                                                                                                      |
| Deepening Re-perf Conv. to Inj/SWD PBTD                                                                                                                                                                                                                                | Operator Name RECEIVED CONTINUE KANSAS CORPORATION CUMMISSION License No.                                                                                                                                                                                                                                                                                                          |
| Commingled Docket No                                                                                                                                                                                                                                                   | Lease Name License No.                                                                                                                                                                                                                                                                                                                                                             |
| Dual Completion Docket No Other (SWD or Inj?) Docket No                                                                                                                                                                                                                | Quarter Hdt. 2 4 1995 Twp S.RngEM                                                                                                                                                                                                                                                                                                                                                  |
| 6-12-95 6-22-95 6-22-95                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                    |
| Spud Date Date Reached TD Completion Date                                                                                                                                                                                                                              | CONSERVATION DIVISION  CONSERVATION DIVISION                                                                                                                                                                                                                                                                                                                                       |
| Kansas 67202, within 120 days of the spud date, recompletion, wo information on side two of this form will be held confidential for a p 82-3-107 for confidentiality in excess of 12 months.). One copy of a CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with | WICHTA KS  Indicated with the Kansas Corporation Commission, 200 Colorado Derby Building, Wiching rkover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply.  Indicated with the form (see rule all wireline logs and geologist well report shall be attached with this form. ALL the all plugged wells. Submit CP-111 form with all temporarily abandoned wells. |
| All requirements of the statutes, rules and regulations promulgated t statements herein are complete to the best of my knowledge.                                                                                                                                      | to regulate the oil and gas industry have been fully complied with and the                                                                                                                                                                                                                                                                                                         |
| Signature Supa R. B. Ho                                                                                                                                                                                                                                                | K.C.C. OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                        | Ty 19 1995 F Letter of confidentiality Attached                                                                                                                                                                                                                                                                                                                                    |
| Subscribed and sworn to before me this days.                                                                                                                                                                                                                           | Up of 1955 C Wireline Log Received  C Drillers Timelog Received                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                        | Distribution                                                                                                                                                                                                                                                                                                                                                                       |
| Notary Public Annual Annual                                                                                                                                                                                                                                            | / / / / SWO/Rep NGPA                                                                                                                                                                                                                                                                                                                                                               |
| Date Commission Expires                                                                                                                                                                                                                                                | [Specify]                                                                                                                                                                                                                                                                                                                                                                          |
| 1070 E                                                                                                                                                                                                                                                                 | EROADWAY<br>ER, CO 80201                                                                                                                                                                                                                                                                                                                                                           |

| OUNI IDLINIAL                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |
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| STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION                                                                                                                                            | API No. 15 - 093-21455-0000                                                                                                                                                                                                                                                                                                  |
| WELL COMPLETION FORM                                                                                                                                                                                              | county Kearny                                                                                                                                                                                                                                                                                                                |
| ACO-1 WELL HISTORY DESCRIPTION OF WELL AND USE                                                                                                                                                                    | SE - SE - SW sec. 19 Twp. 21S Rge, 38 East                                                                                                                                                                                                                                                                                   |
| 5952                                                                                                                                                                                                              | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                        |
| Name: Amoco Production Company                                                                                                                                                                                    | 600 Feet from SN (circle one) Line of Section Feet from EN (circle one) Line of Section                                                                                                                                                                                                                                      |
| Address PO Box 800 Room 924                                                                                                                                                                                       | Footages Calculated from Negrast Outside Section Corner:<br>NE, SE NW, or SW (circle one)                                                                                                                                                                                                                                    |
| e 1                                                                                                                                                                                                               | Lease Name Wyatt E. Well # 1-19                                                                                                                                                                                                                                                                                              |
| city/State/Zip Denver, CO 80201                                                                                                                                                                                   | Field Name Wildcat                                                                                                                                                                                                                                                                                                           |
| Purchaser: N/A                                                                                                                                                                                                    | Producing FormationDry                                                                                                                                                                                                                                                                                                       |
| Operator Contact Person: Susan R. Potts                                                                                                                                                                           | Elevation: Ground 3415.30' KB 3426'                                                                                                                                                                                                                                                                                          |
| Phone 303-830-5323                                                                                                                                                                                                | Total Depth 5430' PBTD Dry                                                                                                                                                                                                                                                                                                   |
| Contractor: Name: Cheyenne Drilling                                                                                                                                                                               | Amount of Surface Pipe Set and Cemented at 1092 Feet                                                                                                                                                                                                                                                                         |
| License: 5382                                                                                                                                                                                                     | Mulitple Stage Cementing Collar Used? Yes X No                                                                                                                                                                                                                                                                               |
| Wellsite Geologist: Austin Garner                                                                                                                                                                                 | If yes, show depth set Feet                                                                                                                                                                                                                                                                                                  |
| Designate Type of Completion                                                                                                                                                                                      | If Alternate II completion, cement circulated from                                                                                                                                                                                                                                                                           |
| X New Well Re-Entry Workover                                                                                                                                                                                      | feet depth to sx cm                                                                                                                                                                                                                                                                                                          |
| Oil SWD SIOW Temp.Abd.  Gas , ENHR SIGW  X Dry Other (Core, WSW, Expl., Cathodic, etc.)                                                                                                                           | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  5-14-96  DRW                                                                                                                                                                                                                                   |
| If Workover/Re-entry: old well info as follows:                                                                                                                                                                   | Chloride content 65,000 ppm Fluid Volume 2000 bbls                                                                                                                                                                                                                                                                           |
| Operator:                                                                                                                                                                                                         | Dewstering method used Dried and Filled                                                                                                                                                                                                                                                                                      |
| Well Name:                                                                                                                                                                                                        | Location of fluid disposal if hauled offsite:                                                                                                                                                                                                                                                                                |
| Comp. Date Old Total Depth                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                              |
| Deepening Re-perf Conv. to Inj/SWD                                                                                                                                                                                | Operator Name RECEIVED                                                                                                                                                                                                                                                                                                       |
| PBTD - Commingled Dacket No                                                                                                                                                                                       | COPERATOR NAME  KANSAS CORPORATION CUMMISSION  Lease Name  License No.                                                                                                                                                                                                                                                       |
| Docket No.                                                                                                                                                                                                        | Quarter Hdd 2 4 1995 TwpS.RngEN                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                            |
| 6-12-95 6-22-95 6-22-95  Spud Date                                                                                                                                                                                | CONSERVATION DIVISION  CONSERVATION DIVISION                                                                                                                                                                                                                                                                                 |
| NSTRUCTIONS: An original and two copies of this form shall be file                                                                                                                                                | WICHTA KS  ed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wich                                                                                                                                                                                                                                      |
| Kansas 67202, within 120 days of the spud date, recompletion, wo<br>nformation on side two of this form will be held confidential for a p<br>32-3-107 for confidentiality in excess of 12 months.). One copy of 3 | orkover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 applyorized of 12 months if requested in writing and submitted with the form (see rule all wireline logs and geologist well report shall be attached with this form. ALL thall plugged wells. Submit CP-111 form with all temporarily abandoned wells. |
| All requirements of the statutes, rules and requisitors promulgated                                                                                                                                               | to regulate the oil and gas industry have been fully complied with and the                                                                                                                                                                                                                                                   |
| statements herein are complete to the best of my knowledge.                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                              |
| Signature Susa R. B.A.                                                                                                                                                                                            | , / K.C.C. OFFICE USE ONLY                                                                                                                                                                                                                                                                                                   |
| . <i>J</i>                                                                                                                                                                                                        | 17v 18 1995 F Letter of confidentiality Attached                                                                                                                                                                                                                                                                             |
| 185                                                                                                                                                                                                               | URY 1985 C Wireline Log Received  Orillers Timelog Received                                                                                                                                                                                                                                                                  |
| Subscribed and sworn to before me this day of                                                                                                                                                                     | Distribution                                                                                                                                                                                                                                                                                                                 |
| Notary Public                                                                                                                                                                                                     | 1 1997 _ KCC _ SWD/Rep _ NGPA                                                                                                                                                                                                                                                                                                |
| Date Commission Expires                                                                                                                                                                                           | KGS Plug Other   Specify                                                                                                                                                                                                                                                                                                     |
| 16701                                                                                                                                                                                                             | PROADWAY                                                                                                                                                                                                                                                                                                                     |
| Day's                                                                                                                                                                                                             | ER, CO 60201                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                   | Form ACO-1 (7-91)                                                                                                                                                                                                                                                                                                            |

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