

ORIGINAL

SIDE ONE

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

API NO. 15- 009-30818-0001

County Barton

NW SE NW Sec. 29 Twp. 20 Rge. 13 X East West

3630 Ft. North from Southeast Corner of Section

3630 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name MURPHY Well # 2

Field Name North East Hiss

Producing Formation Lansing-Kansas City

Elevation: Ground 1889 KB

Total Depth 3420 PBTD

Operator: License # 3766

Name: B-7, Inc.

Address 1530 N. Valleyview Ct.

Wichita, KS 67212

City/State/Zip Wichita, KS 67212

Purchaser: Texaco

Operator Contact Person: Joe Brougher, Agent

Phone (316) 721-5190

Contractor: Name: _____

License: _____

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 O.W.O.: old well info as follows:

Operator: Graybol Contracting Corp.

Well Name: Murphy #2

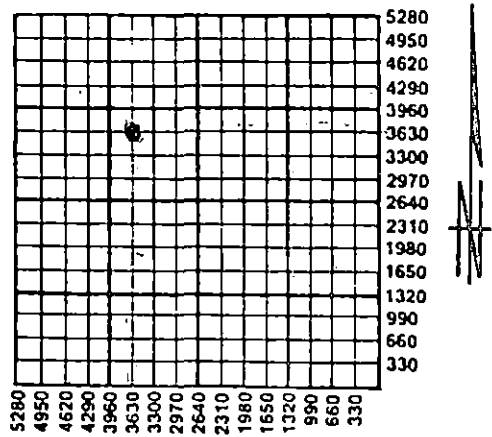
Comp. Date 7-17-53 Old Total Depth 3420

Drilling Method:

Mud Rotary Air Rotary Cable

6-5-53 6-22-53 7-17-53

Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 205 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 Joe Brougher

Title Agent Joe Brougher Date _____

Subscribed and sworn to before me this 26th day of April, 19 90.

Notary Public Patti L. Moore

Date Commission Expires April 7, 1994

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

PATTI L. MOORE
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 4/7/94

ORIGINAL

SIDE TWO

Operator Name _____ Lease Name _____ Well # _____

Sec. _____ Twp. _____ Rge. _____ East West
County _____

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.)

Formation Description
 Log Sample
Name _____ Top _____ Bottom _____

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

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 _____