

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 # 5565

Name: National Cooperative Refinery Association

Address 6000 W. 10th

City/State/Zip Great Bend, KS 67530

Purchaser: _____

Operator Contact Person: Steve Brackeen

Phone (316) 793-7824

Contractor: Name: White & Ellis Drilling

License: 5420

Wellsite Geologist: Thomas Funk

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OMO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

2-22-90 2-25-90 2-26-90
Spud Date Date Reached TD Completion Date

API NO. 15- 095-21,632-0000

County Kingman

C SW SE Sec. 4 Twp. 29 Rge. 10 W East West

660 Ft. North from Southeast Corner of Section

1980 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

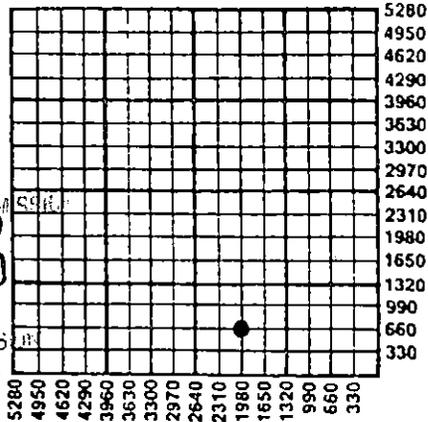
Lease Name Eck Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 1756' KB 1761'

Total Depth 2870' PBTD _____



Amount of Surface Pipe Set and Cemented at 313 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.

RECORDED
4-20-90
APR 20 1990
STATE COMMISSION OF
OIL & GAS CONSERVATION
Wichita, Kansas

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.

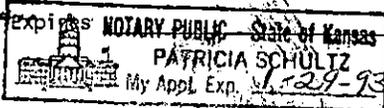
Signature Steve Brackeen

Title District Foreman Date 4-10-90

Subscribed and sworn to before me this 10th day of April, 19 90.

Notary Public Patricia Schultz

Date Commission Expires _____



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)

ORIGINAL

SIDE TWO

Operator Name National Cooperative Refinery Association Lease Name Eck Well # 1
4 Twp. 29 Rge. 10 East West
County Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Formation Description	
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Log	<input checked="" type="checkbox"/> Sample
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Top	Bottom
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

SEE ATTACHMENTS

CASING RECORD <input type="checkbox"/> New <input 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"	24#	313"	60/40 POZ	300	3% Cacl & 2% gel
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				Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First Production		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 _____