

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 32977

Name: Dorado Gas Resources LLC.

Address: 14550 E. Easter Ave. Suite 1000

City/State/Zip: Englewood Co. 80112

Purchaser: _____

Operator Contact Person: John Wilson

Phone: (720) 889-0510

Contractor: Name: McGowan Drig. Inc.

License: 5786

Wellsite Geologist: Steve Tedesco

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>2-18-02</u>	<u>2-20-02</u>	<u>3-20-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 139-20,082-0000

County: Osage

NW NW Sec. 12 Twp. 17 S. R. 16 East West

660 feet from S I N (circle one) Line of Section

670 feet from E I W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Gray Well #: 4-12

Field Name: Wildcat

Producing Formation: Cherokee

Elevation: Ground: 1104 Kelly Bushing: _____

Total Depth: 1626 Plug Back Total Depth: 1622

Amount of Surface Pipe Set and Cemented at 43 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1622

feet depth to Surface w/ 225 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 800 ppm Fluid volume 600 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: John Wilson

Title: MEMBER Date: 4/22/02

Subscribed and sworn to before me this 22 day of April,

19 2002

Notary Public: Hildred E. Gerard

Date Commission Expires: 9-25-02

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Dorado Gas Resources LLC.

Lease Name: Gray

Well #: 4-12

Sec. 12 Twp. 17 S. R. 16

✓ East

West County: Osage

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes	No	Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	No	Name	Top	Datum
Cores Taken	Yes	No			
Electric Log Run (Submit Copy)	Yes	No			
List All E. Logs Run: ML DIL					

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	24	43	common	35	
Production	6 3/4	4 1/2	10.50	1622	50/50 poz	225	3% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
4	1280-1286	fracture			
4	1486-1488	fracture			
4	1508-1512	fracture			
4	1516-1521	fracture			
		Total Sand 29,100#			
TUBING RECORD	Size	Set At	Packer At	Liner Run	
				Yes	No

Date of First, Resumed Production, SWD or Enhr.	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	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented (If vented, Sumit ACO-18.)	Sold	<input type="checkbox"/> Used on Lease	Open Hole	Perf.	Dually Comp.	<input type="checkbox"/> Commingled _____
			<input type="checkbox"/> Other (Specify) _____			