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SEP 15 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Handwritten initials

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: 1006 SW Boulevard, P O Box 397
City/State/Zip: Madison, Kansas 66860
Purchaser: SemCrude
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co., Inc.
License: 30567
Wellsite Geologist: William Stout

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. _____
10-1-04 10-13-04 10-13-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 073-23992-DD-DD
County: Greenwood
NE SW Sec. 34 Twp. 22 S. R. 11 East West
990 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Ellis B Well #: 11

Field Name: Seeley-Wick
Producing Formation: Cattleman
Elevation: Ground: 1203' Kelly Bushing: NA
Total Depth: 1953' Plug Back Total Depth: 1937'

Amount of Surface Pipe Set and Cemented at 100 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.

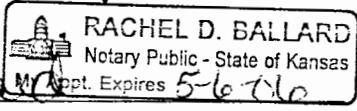
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used Vacuum Truck
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: [Handwritten Signature]
Title: Secretary Date: 9-14-05

Subscribed and sworn to before me this 14th day of September, 2005
Notary Public: Rachel D. Ballard
Date Commission Expires: 5-6-10



KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Schankie Well Service, Inc Lease Name: Ellis B Well #: 11
 Sec. 34 Twp. 22 S. R. 11 East West County: Greenwood

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Top Datum
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cherokee 1709 -506
Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>	Ardmore 1790 -587
List All E. Logs Run:	Cattleman Sand 1850 -647
	Bartlesville Sand 1906 -703
	RTD 1953 -750

Gamma Ray-Neutron

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	# Sacjs Used	Type and Percent Additives
Surface	NA	8 5/8"	NA	100'	Common	35	NA
Production	6 3/4"	4 1/2"	11.6#	1937'	Common	245	2% gel

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1/2'	1834'-1842' 5shots	500 gal 15% HCL Acid	
	1844'-1854' 6shots	20000# Sand Frac	
	1856'-1866' 6shots		
	1868'-1878' 6shots		

TUBING RECORD	Size 2 3/8"	Set At 1840'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 6-30-05	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 1	Gas Mcf 0	Water Bbls. 100	Gas-Oil Ratio NA	Gravity 38
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	