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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 # 30948
 Name: Harry Conley
 Address: PO Box 787
 City/State/Zip: Chanute KS 66720
 Purchaser: Plains & Crude Marketing
 Operator Contact Person: Micki Miller
 Phone: (620) 431-0581
 Contractor: Name: Harry Conley
 License: 30948
 Wellsite Geologist: none
 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>5/27/03</u>	<u>8/03</u>	<u>2/2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-242-23-00-00
 County: Anderson
 ___ - ___ - SE - NW Sec. 32 Twp. 22 S. R. 19 East West
1320 feet from S N (circle one) Line of Section
1205 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: CONLEY Well #: D-4
 Field Name: Colony/Welda
 Producing Formation: Squirrel
 Elevation: Ground: NA Kelly Bushing: _____
 Total Depth: 1075 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from surface
 feet depth to 1075 w/ circulated to the top _____ sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 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: *Micki Miller*
 Title: Micki Miller, Office Mtgr. Date: 4/20/04
 Subscribed and sworn to before me this 20 day of April
 20 04.
 Notary Public: *Cindy L. Spilman*
 Date Commission Expires: _____



KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 ___ Wireline Log Received
 ___ Geologist Report Received
 ___ UIC Distribution

Operator Name: Harry Conley Lease Name: CONLEY Well #: D-4
 Sec. 32 Twp. 22 S. R. 19 East West County: Anderson

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> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutrom/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>817</td> <td>835</td> </tr> <tr> <td></td> <td>1020</td> <td>1026</td> </tr> </table>	Name	Top	Datum	Squirrel	817	835		1020	1026
Name	Top	Datum								
Squirrel	817	835								
	1020	1026								

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	9-1/4"	7"	18#	20 ft	standard	6	none
casing	6-1/4"	2-7/8"	9.5#	1075	portland		

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
21 perfs 2' DML	817 FT TO 827 FT	SPOT 160 GAL. 10% ACID, 250# FRAC GEL, SAND	
13 perfs 2" DLM	829ft to 835 ft	breakdown @ 1600psi	
13 perfs 2" DLM	1020 ft to 1026 ft		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method <input type="checkbox"/> Flowing <input checked="" 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
	8 bbls fulsh				

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____