

32-255.-24E

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

COPY

Operator: License # 33046
 Name: William M. East
 Address: 27800 Pleasant Valley Rd.
 City/State/Zip: Wellsville Ks. 66092
 Purchaser: _____
 Operator Contact Person: William East
 Phone: (780) 975-4115
 Contractor: Name: Company Tools
 License: 4294
 Wellsite Geologist: _____
 Designate Type of Completion: .
 New Well Re-Entry Workover
 Oil SWD SIOW 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>Dec. 6, 2002</u>	<u>Dec. 12, 2002</u>	<u>April 30, 2003</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-22935-00-00
 County: Bourbon County
NW NW NE SW SE SEC 32 Twp. 25 S. R. 24 East West
2628 feet from S / N (circle one) Line of Section
1505 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Neil Well #: 1
 Field Name: unknown
 Producing Formation: Mississippi
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 490 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 447
 feet depth to surface w/ 65 sx cmt.

Drilling Fluid Management Plan Neil WA 7.3.03
 (Data must be collected from the Reserve Pit)
 Chloride content N/A ppm Fluid volume 10 bbls
 Dewatering method used Allowed to air dry
 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: L. E. Lee
 Title: OWNER Date: 23 June 2003
 Subscribed and sworn to before me this 23 day of June
2003
 Notary Public: _____
 Date Commission Expires: _____

L. E. LEE AHLSTROM, QC
 BARRISTER, SOLICITOR
 AND NOTARY PUBLIC
 NON EXPIRING COMMISSION
 ALBERTA, CANADA

KCC Office Use ONLY

N Letter of Confidentiality Attached
 If Denied, Yes Date: _____
N Wireline Log Received
N Geologist Report Received
 _____ UIC Distribution

Operator Name: William M. East Lease Name: Neil Well #: 1
 Sec. 32 Twp. 25 S. R. 24 East West County: Bourbon County

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Fort Scott</td> <td>121</td> <td></td> </tr> <tr> <td>Bartlesville</td> <td>303</td> <td></td> </tr> <tr> <td>Tucker Sand</td> <td>438</td> <td></td> </tr> <tr> <td>Mississippi</td> <td>479</td> <td></td> </tr> </table>	Name	Top	Datum	Fort Scott	121		Bartlesville	303		Tucker Sand	438		Mississippi	479	
Name	Top	Datum														
Fort Scott	121															
Bartlesville	303															
Tucker Sand	438															
Mississippi	479															

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	9 5/8	6 5/8	12	21	Normal Port	5	none
Long String	5 7/8	2 3/8	4.6	443	Normal Port.	65	none

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
	none		

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
Estimated Production Per 24 Hours		Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
		50			

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