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KCC WICHITA

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 # 32756

ame: Double 7 Oil & Gas

ddress: 21003 Wallace Rd.

ity/State/Zip: Parsons Ks. 67357

urchaser:

operator Contact Person: Bruce Schulz

hone: (316-423-0951

ontractor: Name: Company Tools

icense:

ellsite Geologist:

esignate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, WSW, Expl., Cathodic, etc)

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.

5-01-02
Spud Date or
Recompletion Date

5-09-02
Date Reached TD

16-28-03
Completion Date or
Recompletion Date

API No. 15 - 037-21559-00-06

County: Crawford

NE-SE-NW Sec. 36 Twp. 30 S. R. 21 East West

1815 feet from (circle one) Line of Section

2310 feet from (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Maffei Well #: 8

Field Name: McCune West

Producing Formation: Bartlesville

Elevation: Ground: N/A Kelly Bushing:

Total Depth: 185' 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:

feet depth to w/ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content ppm Fluid volume bbls

Dewatering method used Empty & Fill

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: Kenneth Maffei

Title: Owner Date: 12-11-03

Subscribed and sworn to before me this 15th day of December 2003

Notary Public: Raymunda Patterson

Date Commission Expires: 2/2/2004

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date:

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Double 7 Oil & Gas Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name _____	Top _____
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Datum _____
Electric Log Run (Submit Copy)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

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 Drill Well	8 1/2" 11"	20' 6 1/4"			Portland	5	

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

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.		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	METHOD OF COMPLETION			Production Interval		
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled		
	<input type="checkbox"/> Other (Specify) _____					