

COPY

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

AUG 13 2007

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 33306B

Name: BLAKE EXPLORATION

Address: BOX 150

City/State/Zip: BOGUE KANSAS 67625

Purchaser: _____

Operator Contact Person: MIKE DAVIGNON

Phone: (785) 421-2921

Contractor: Name: Murfin Drig.

License: 30606

Wellsite Geologist: MIKE DAVIGNON

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. _____

11/10/05	11/16/05	12/30/05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 163234330000

County: ROOKS

C SW SW Sec. 36 Twp. 10S S. R. 20 East West

700 feet from S / N (circle one) Line of Section

800 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: D. KELLER Well #: 1

Field Name: _____

Producing Formation: LKC ARBUCKLE

Elevation: Ground: 2094 Kelly Bushing: 2099

Total Depth: 3687 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 220 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate If completion, cement circulated from SURFACE

feet depth to 1667 w/ 225 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: _____

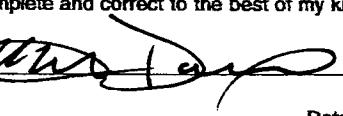
Lease Name: _____ License No.: _____

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

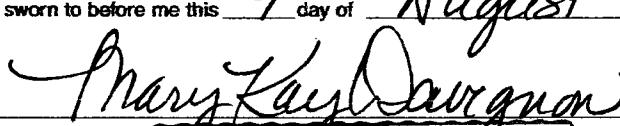
County: _____ Docket No.: _____

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.

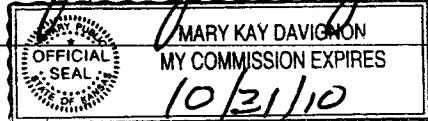
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: 
Title: V.P. Date: 8/9/07

Subscribed and sworn to before me this 9 day of August, 2007.

Notary Public: 

Date Commission Expires:



KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____ Wireline Log Received Geologist Report Received UIC Distribution

Operator Name: **BLAKE EXPLORATION** Lease Name: **H-K** Well #: **2**
 Sec. **36** Twp. **10S** S. R. **20** East West County: **ROOKS**

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 ANHYDRITE Top 1514 Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	HEEBNER 3331
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LANSING 3367
List All E. Logs Run:		ARBUCKLE 3680
R/A GUARD, MICRO, SONIC, BY LOG-TECH		

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CASING RECORD <input checked="" 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	12 1/4"	8 5/8"	24#	212'	COM	150	
PRODUCTION	8 7/8"	5 1/2"	14#	3679'	ASC	175	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	SURFACE TO 1677	60/40 POZ	225	1/4# FLO-SEAL	

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
OPEN HOLE	3675 TO 3683		
4 SPF	3565 TO 3569, 3405 TO 3409	500G 20%, 750G 28%	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	2 7/8"	3650				

Date of First, Resumed Production, SWD or Enhr. 1/3/06	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. 165	Gas Mcf	Water 20	Bbls.	Gas-Oil Ratio	Gravity 22
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Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
(If vented, Submit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____