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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

ORIGINAL

Operator: License # 30076
Name: Andy Anderson dba: A & A PRODUCTION
Address: PO BOX 100
City/State/Zip: HILL CITY KS ;67642
Purchaser: NCRA
Operator Contact Person: ANDY ANDERSON
Phone: (785) 421-6266
Contractor: Name: Andy Anderson dba: A & A PRODUCTION
License: 30076

Wellsite Geologist: KITT NOAH
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>06/30/04</u>	<u>07/09/04</u>	<u>08/06/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-22973-00-00
County: GRAHAM
W/2 SW SE Sec. 3 Twp. 10 S. R. 24 East West
570 feet from (S) N (circle one) Line of Section
2220 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: RAY Well #: 1
Field Name: BRYAN

Producing Formation: KANSAS CITY
Elevation: Ground: 2486 Kelly Bushing: _____
Total Depth: 4080 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 210' W/160 SACKS Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2132' Feet
If Alternate II completion, cement circulated from 3444
feet depth to 0 w/ 425 sx cmt.

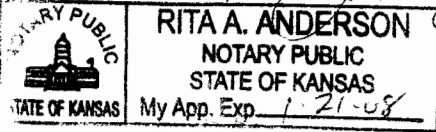
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 2% ppm Fluid volume 380 bbls
Dewatering method used EVAPORATE
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: Andy Anderson
Title: OPERATOR Date: 10-28-04
Subscribed and sworn to before me this 28th day of October,
2004.
Notary Public: Rita A. Anderson
Date Commission Expires: January 21, 2008

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution


NOTARY PUBLIC
RITA A. ANDERSON
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 1-21-08

Operator Name: Andy Anderson dba: A & A PRODUCTION Lease Name: RAY Well #: 1
 Sec. 3 Twp. 10 S. R. 24 East West County: GRAHAM

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

RADIATION GUARD LOG
 SONIC CEMENT BOND LOG

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<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
ANHYDRITE	2116	+ 375
B/ANHYDRITE	2148	+ 343
TOPEKA	3570	-1079
HEEBNER	3783	-1292
TORONTO	3807	-1316
LANSING	3826	-1335
B/KC	4052	-1561

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	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	19	210	60/40 POZ	160	3%CC; 2% GEL
PRODUCTION	7 7/8"	4 1/2"	9.5	4078	COM	175	10% SALT

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	0-3444	60/40 POZ	425	6% GEL; 1/4 # FLO-SEAL PER SACK

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
4	4018' - 4024'	500 GAL 15% CLEAN-UP ACID; 1-GAL INHIBITOR	
		2500-GAL; 28% 17E; 10-GAL INHIBITOR; 13-GAL SILT	4024
4	3982' - 3985'	500 GAL 15% MUD CLEAN-UP ACID; 1 GAL INHIBITOR	
		2000 GAL 15% 17E HCL; 4-GAL INHIBITOR	3985

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	3985		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 08-07-04			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
	5				36

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 _____