

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 32552Name: Energy One Oil OperationsAddress 1116 East 8th StCity/State/Zip Hays, Ks. 67601

Purchaser: _____

Operator Contact Person: Carl ZimmermanPhone (785) 623-4488Contractor: Name: A&A Drilling Co.License: 30076Wellsite Geologist: Kit Noah

Designate Type of Completion

 New Well Re-Entry Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	
<input checked="" type="checkbox"/> Dry	Other (Core, WSW, Expl., Cathodic, etc)		

If Workover:

Operator: _____

Well Name: _____

Comp. Date 12-30-00 Old Total Depth 1-6-01

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Inj/SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> PBT
<input type="checkbox"/> Commingled	<input type="checkbox"/> Docket No.	
<input type="checkbox"/> Dual Completion	<input type="checkbox"/> Docket No.	
<input type="checkbox"/> Other (SWD or Inj?)	<input type="checkbox"/> Docket No.	

Spud Date 12-30-00 Date Reached TD 1-6-01 Completion Date 1-6-01

API NO. 15-065228030000

County Graham County Ks.

se.ne.ne. Sec. 22 Twp. 10 Rge. 25W E

990 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(NE, SE, NW or SW (circle one))

Lease Name Knoll "C" Well # 1Field Name AmbroseProducing Formation LKCElevation: Ground 2482 KB 2487Total Depth 4029 PBT 4029Amount of Surface Pipe Set and Cemented at 209' FeetMultiple 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 1900 ppm Fluid volume 640 bblsDewatering method used Skinned reserve pit

Location of fluid disposal if hauled offsite: unknown

Operator Name Pfeifer Dozer & Tank Service

St Peter Ks.

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

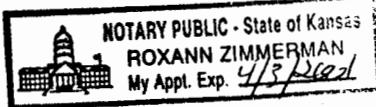
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market

- 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 on 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 Carl ZimmermanTitle Owner Date 4/7/01Subscribed and sworn to before me this 14th day of February, 2001.Notary Public Roxann ZimmermanDate Commission Expires 4/7/2021

K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)



SIDE TWO

Operator Name Energy One Oil Operations Lease Name Knoll "C" Well # 1
 Sec. 22 Twp. 10s Rge. 25w East West
 County Graham County Ks.

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Top - Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite 2133' +354'
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka 3558' -1071
List All E.Logs Run:		Heebner 3769' -1282
		Toronto 3793' -1306
		Lansing 3811' +3324
		Base LKC 4029' -1542

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

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 Inj.	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION Production Interval

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