

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONRECEIVED
KANSAS CORPORATION Form ACC-6
September 1999
Form Must Be TypedWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

AUG 15 2002

6009

Operator: License # 6009
 Name: DOUBLE EAGLE EXPLORATION, INC.
 Address: 221 S. BROADWAY, SUITE 310
 City/State/Zip: WICHITA, KS 67202
 Purchaser: _____
 Operator Contact Person: JIM ROBINSON
 Phone: (316) 264-0422
 Contractor: Name: L.D. DRILLING, INC.
 License: 6039
 Geologist: _____
 Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

7-15-02 7-20-02
 Spud Date or
Re-completion Date Date Reached TD Completion Date or
Re-completion Date

23221
 API No. 15 167-25221-0000 CONSERVATION DIVISION
 WICHITA, KS

County: RUSSELL
 SW SE NE Sec. 35 Twp. 13 S. R. 12 East West
2310 feet from S N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: STECKEL Well #: 3

Field Name: GARRETT SOUTH
L/KC 30' ZONE

Producing Formation: _____

Elevation: Ground: 1803 Kelly Bushing: 1808

Total Depth: 2990' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 493' 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 35000 ppm Fluid volume 1000 bbls

Dewatering method used NATURAL EVAPORATION

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: Jim Robinson

Title: REPRESENTATIVE Date: 8/15/02

Subscribed and sworn to before me this 15 day of AUGUST,

2002

Notary Public: Sharon J. Kent SHARON J. KENT

Notary Public - State of Kansas
 July 1, 2006 My Amt. Expires 7/1/2006

Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

DOUBLE EAGLE EXPLORATION, INC.

Operator Name: DOUBLE EAGLE EXPLORATION, INC. Lease Name: STECKEL Well #: 3
 Sec. 35 Twp. 13 S. R. 12 East West County: RUSSELL

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	Top
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANHYDRITE	696
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOPEKA	+ 1112
List All E. Logs Run:		HEEBNER	- 759
RADIATION GUARD		LANSING	2838
DUAL RECEIVER BOND			- 1030
			- 1109

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	# Sacjs Used	Type and Percent Additives
SURFACE	12 1/4	8 5/8	28	492	60/40 POZ	300	390 cc 2% Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
4	2933-2937	250 gal 15% CLEAN UP	
		1000 gal 15%	

TUBING RECORD	Size 2 3/8" OD EUE	Set At NONE	Packer At NONE	Liner Run NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. AUGUST 3	Producing Method CDR 114	<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. 20	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 checked="" type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<input type="checkbox"/> Other (Specify)	NO	