

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

C O P I

IND
Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 7064
 Name: CATTLEMANS OIL OPERATIONS
 Address: 2260 Catherine Road
 City/State/Zip: Hays, KS 67601
 Purchaser: _____
 Operator Contact Person: Leo Dorzweiler
 Phone: (785) 625-5394
 Contractor: Name: Discovery Drilling Co., Inc.
 License: 31548
 Wellsite Geologist: Tony Richardson
 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. _____

<u>3/1/07</u>	<u>3/4/07</u>	<u>3/5/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25,617-00-00
 County: Ellis
NE SW NE Sec. 10 Twp. 13 S. R. 17W East West
1650 feet from I N (circle one) Line of Section
1650 feet from E S (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: CATHERINE UNIT Well #: 1-6
 Field Name: Catherine
 Producing Formation: Arbuckle
 Elevation: Ground: 2008 Kelly Bushing: 2016
 Total Depth: 3570 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 209.62 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1200 Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.
(15sks In Rat Hole)(10sks In Mouse Hole)

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 14,000 ppm Fluid volume 300 bbls
 Dewatering method used 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: Leo Dorzweiler
 Title: OWNER Date: 3-25-07
 Subscribed and sworn to before me this 25 day of March 07.
 Notary Public: Viola Dorzweiler
 Date Commission Expires: 4-20-07

NOTARY PUBLIC - State of Kansas
 VIOLA DORZWEILER
 My Comm. Exp. _____

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION

MAR 28 2007

CONSERVATION DIVISION
 WICHITA, KS

KCC

Operator Name: CATTLEMANS OIL OPERATIONS Lease Name: CATHERINE UNIT Well #: 1-6
 Sec. 10 Twp. 13 S. R. 17W East West County: Ellis

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1186</td> <td>+ 820</td> </tr> <tr> <td>Topeka</td> <td>2980</td> <td>- 964</td> </tr> <tr> <td>Heebner</td> <td>3224</td> <td>-1205</td> </tr> <tr> <td>Toronto</td> <td>3244</td> <td>-1228</td> </tr> <tr> <td>L/KC</td> <td>3272</td> <td>-1256</td> </tr> <tr> <td>Base KC</td> <td>3500</td> <td>-1484</td> </tr> <tr> <td>Arb.</td> <td>3521</td> <td>-1505</td> </tr> </tbody> </table>	Name	Top	Datum	Anhydrite	1186	+ 820	Topeka	2980	- 964	Heebner	3224	-1205	Toronto	3244	-1228	L/KC	3272	-1256	Base KC	3500	-1484	Arb.	3521	-1505
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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 Pipe	13 1/2	10 3/4 & 8 5/8	43# & 20#	209.62	Common	165	2%Gel & 3%CC
Production St.	7 7/8	5 1/2	14	3569	Common	300	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	1185	60/40	165	1/4# Flo Seal per sk. 6% Gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
3	3544-48	N X	

TUBING RECORD	Size 2 7/8	Set At 3548	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 3-25-07		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 15 Bbls.	Gas Mcf	Water 400 Bbls.	Gas-Oil Ratio Gravity

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

