

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

Operator: License # 6170
Name: GLOBE OPERATING, INC.
Address: P.O. Box 12
City/State/Zip: Great Bend, KS 67530
Purchaser: _____

Operator Contact Person: Richard Stalcup
Phone: (620) 792-7607
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Jim Musgrove

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. _____

6/16/07 6/23/07 6/23/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 063-21,666-0000
County: Gove
30°S of
C E/2 NW NW Sec. 32 Twp. 14 S. R. 30W East West
690 feet from (N) (circle one) Line of Section
990 feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE SE NW SW

Lease Name: PORTER Well #: 3

Field Name: Butterfield

Producing Formation: None

Elevation: Ground: 2726 Kelly Bushing: 2734

Total Depth: 4410 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 315.33 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/ _____ sq 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 320 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name: Cheyenne Oil Service, Inc.

Lease Name: Briggs License No. 7146

Quarter NW Sec. 36 Twp. 14 S. R. 29 East West
County: Gove Docket No. D-28641

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: Richard Stalcup
Title: Prod. superintendent Date: 7-27-07

Subscribed and sworn to before me this 11 day of July,

20 07.
Notary Public: M. Lynne Wooster
Date Commission Expires: 4-2-11

KCC Office Use ONLY

N Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

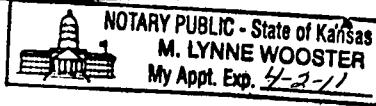
Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 07 2007

CONSERVATION DIVISION
WICHITA, KS



Operator Name: GLOBE OPERATING, INC. Lease Name: PORTER Well #: 3
 Sec. 32 Twp. 14 S. R. 30W East West County: Gove

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 (Attach Additional Sheets) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input 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 | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Electric Log Run (Submit Copy) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |

| 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 | 12 $\frac{1}{2}$ | 8 5/8 | 23 | 315.33 | Common | 190 | 2% Gel & 3% CC |
| | | | | | | | |
| | | | | | | | |

| 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 |
|---------------|------|--------|-----------|-----------|------------------------------|-----------------------------|
| | | | | | | |

| Date of First, Resumed Production, SWD or Enhr. | Producing Method | | |
|---|----------------------------------|----------------------------------|--|
| | <input type="checkbox"/> Flowing | <input 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 |
|--------------------------------------|-----------|---------|-------------|---------------|---------|
| | | | | | |

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) _____

