

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

Operator: License # 6039
Name: L. D. DRILLING, INC.
Address R.R. 1 BOX 183 B
GREAT BEND, KANSAS 67530
City/State/Zip
Purchaser: na
Operator Contact Person: L. D. Davis
Phone (316) 793-3051
Contractor: Name: L. D. DRILLING, INC.
License: 6039
Wellsite Geologist: KIM SHOEMAKER

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
Deepening _____ Re-perf. _____ Conv. to Inj/SWD
Plug Back _____ PBTD _____
Commingled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Inj?) _____ Docket No. _____
9-19-2000 9-29-00
Spud Date Date Reached TD Completion Date

API NO. 15- 063-21550-0000
County GOVE
- C - SE - NE Sec. 2 Twp. 15 Rge. 30 X E
1980 Feet from S (circle one) Line of Section
660 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)
Lease Name BARTLETT Well # #1-2
Field Name wildcat
Producing Formation na
Elevation: Ground 2650 KB 2655
Total Depth 4422' PBTD _____
Amount of Surface Pipe Set and Cemented at 269 Feet
Multiple Stage Cementing Collar Used? Yes No
_____, show depth set _____ Feet
Alternate II completion, cement circulated from _____
Set depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan D&A 891 2/7/01
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: **RELEASED**
Operator Name _____ **DEC 19 2001**
Lease Name _____ **FROM CONFIDENTIAL**

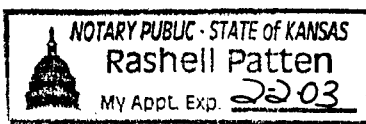
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W
County _____ Docket No. _____

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 Bessie Deweriff
Title Sec/Treas Date 11-15-00
Subscribed and sworn to before me this 15th day of November,
2000
Notary Public Rashell Patten
Date Commission Expires 2-02-03

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
____ KCC _____ SWD/Rep _____ NGPA
____ KGS _____ Plug _____ Other (Specify)
IDG



Operator Name L. D. DRILLING, INC. Lease Name BARTLETT Well # 1-2

Sec. 2 Twp. 15 Rge. 30 East West

County GOVE

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 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

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 SEE ATTACHMENT

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	12 1/4"	8 5/8"	24#	269	50/50 Poz	180	2% Gel, 3% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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 Inj. D & A		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 N/A Bbls.	Gas N/A Mcf	Water N/A 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: _____