

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 7383
Name: GRADY BOLDING CORPORATION
Address: P.O. BOX 486
City/State/Zip: ELLINWOOD, KANSAS 67526
Purchaser: NCRA
Operator Contact Person: GRADY BOLDING
Phone: (620) 564-2240
Contractor: Name: L.D. DRILLING, INC
License: 6039
Wellsite Geologist: BOB DOUGHERTY

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

8-02-02 8-11-02 8-28-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 053-21110-00-00
County: ELLSWORTH
C W. SW NE Sec. 31 Twp. 17 S. R. 10 East West
3300 feet from (S) N (circle one) Line of Section
2310 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: GRIZZELL Well #: 24
Field Name: BLOOMER
Producing Formation: Arbuckle
Elevation: Ground: 1798 Kelly Bushing: 1803
Total Depth: 3248 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 330' 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 Alt 1 SW 11.4.02
(Data must be collected from the Reserve Pit)
Chloride content 10,000 ppm Fluid volume 1500 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: [Signature]
Title: Geologist Date: 10/24/02
Subscribed and sworn to before me this 24 day of Oct
2002
Notary Public: Jerry Kasselman
Date Commission Expires: 7-16-06

KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____

NO Wireline Log Received

YES Geologist Report Received

____ UIC Distribution

Operator Name: GRADY BOLDING CORPORATION Lease Name: GRIZZELL Well #: 24
 Sec. 31 Twp. 17 S. R. 10 East West County: ELLSWORTH

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.

<p>Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Log Name</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample Datum</td> </tr> <tr> <td>see attached</td> <td></td> <td></td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample Datum	see attached		
Log Name	Formation (Top), Depth and Datum	Sample Datum					
see attached							

CASING RECORD							
				New	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"	28#	330'	60/40 POZ	200	2%GEL,3%CC
PRODUCTION	7 7/8"	5 1/2"	15.5#	3243'	ASC	125	5# CELLFLAKE
							PER SK

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 <i>(Amount and Kind of Material Used)</i>	Depth
open hole	3243-3249	none	

TUBING RECORD	Size	Set At	Packer At	Liner Run	Yes	No
2 7/8"		3205	none			
Date of First, Resumed Production, SWD or Enhr.		Producing Method				
8/28/02		Flowing		<input checked="" type="checkbox"/> Pumping	Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	25		350		38.5	

Disposition of Gas: Vented Sold Used on Lease Open Hole Other (Specify) _____

METHOD OF COMPLETION: Other (Specify) _____ Open Hole Perf. Dually Comp. Commingled

Production Interval: 3243-3249

(If vented, Submit ACO-18.)