

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 # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 E. Central, Suite 100
City/State/Zip: Wichita, Kansas 67206-2543
Purchaser: NCRA
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
Contractor: Name: Sterling Drilling Company, Rig #4
License: 5142
Wellsite Geologist: Franklin R. Greenbaum
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: F.G. Holl Company, L.L.C.
Well Name: YATES #1

Original Comp. Date: 10/28/1996 Original Total Depth: 3500'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 3475' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
RU: 7/1/2003 10/08/1996 RD: 7/18/2003
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 185-23,034-00-01
County: Stafford
C NW SW SW Sec. 1 Twp. 21 S. R. 11 East West
990 feet from (S) N (circle one) Line of Section
330 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: YATES "OWWO" Well #: 1-1
Field Name: Yates
Producing Formation: LKC
Elevation: Ground: 1742' Kelly Bushing: 1751'
Total Depth: 3500' Plug Back Total Depth: 3350'
Amount of Surface Pipe Set and Cemented at 268' 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 Workover B-6-Q3
(Data must be collected from the Reservoir)
Chloride content 18,000 ppm Fluid volume 440 bbls
Dewatering method used No free fluids
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: Loveness Mpanje
Title: Petroleum Geologist Date: 7/24/2003
Subscribed and sworn to before me this 24th day of July, 2003
Betty B. Herring
Notary Public: Betty B. Herring
Date Commission Expires: 04/30/2006

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes Date: _____

N Wireline Log Received

N Geologist Report Received

____ UIC Distribution

Notary Public - State of Kansas
BETTY B. HERRING

Operator Name: F.G. Holl Company, L.L.C. Lease Name: YATES "OWWO" Well #: 1-1

Sec. 1 Twp. 21 S. R. 11 East West County: Stafford

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run:</p> <p>ZDLC/CN/S/ DIFL/GR/SP BHC AL/CAL DIP LOG/MINIL OG</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>See original ACO-1</p>
--	---

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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"	23#	268'KB	60/40 Poz	225sx	3% gel, 3% cc
Production	7-7/8"	4-1/2"	11.5#	3496'KB	Lite	80sx	
					Mix	150sx	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	3290-3298	Common	50sx	2% cc, diesel & 5 gal doc surfc
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	3380'	Common	1sx	
<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
4 SPF	3290' - 3298' LKC (L)	Treat w/ 500 gal 15% nefe acid	
4 SPF	3290' - 3298' Reperf same LKC (L)	Treat w/ 250 gal 10% osa acid	
	CIBP set @ 3350' and @ 3380'		

TUBING RECORD	Size 2-3/8"	Set At 3334'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	-----------------	-----------	--

Date of First, Resumed Production, SWD or Enhr. 7/18/2003		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 Bbls. 49	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval 3290' - 3298' LKC
---	---	--