

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

ORIGINAL

Operator: License # 31514

Name: Thoroughbred Associates, LLC

Address 10 Colonial Court

City/State/Zip Wichita, Kansas 67207

Purchaser: N/A

Operator Contact Person: Robert C. Patton

Phone (316) 685-1512

Contractor: Name: Pickrell Drilling Co., Inc.

License: 5123

Wellsite Geologist: Paul Gunzelman

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:

KCC

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

02-04-98 02-13-98 02-13-98
Spud Date Date Reached TD Completion Date

API NO. 15- 069-202660000

County Gray

Approx. W/2 - W/2 - SW - NW Sec. 5 Twp. 25S Rge. 29W XX W E

2055' FNL Feet from S/N (circle one) Line of Section

50' FWL Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name City of Ingalls Well # #1

Field Name Gray

Producing Formation N/A

Elevation: Ground 2816' KB 2821'

Total Depth 5060' RTD PBTB _____

Amount of Surface Pipe Set and Cemented at 400' Feet

Multiple Stage Cementing Collar Used? no No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A, 7-7-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. Twp. S Rng. E/W

County _____ Docket No. _____

CONFIDENTIAL

CONFIDENTIAL

JUN 22 1998

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 _____

Title Managing Partner Date 04-23-98

Subscribed and sworn to before me this 23rd day of April, 19 98.

Notary Public Karri Wolken

Karri Wolken

a Commission Expires July 31, 2000

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) IS

KARRI WOLKEN
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 7/31/2000

RELEASED

SEP 23 1999

Operator Name Thoroughbred Associates, LLC Lease Name City of Ingalls Well # _____

Sec. 5 Twp. 25S Rge. 29W East West
 County Gray

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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> <tr> <td>Heebner</td> <td>4126'</td> <td>-1305</td> </tr> <tr> <td>Lansing</td> <td>4171'</td> <td>-1350</td> </tr> <tr> <td>Stark</td> <td>4504'</td> <td>-1683</td> </tr> <tr> <td>Cher. Excello</td> <td>4786'</td> <td>-1965</td> </tr> <tr> <td>Morrow Shale</td> <td>4922'</td> <td>-2101</td> </tr> <tr> <td>Mississippi St. Gen.</td> <td>4943'</td> <td>-2122</td> </tr> <tr> <td>St. Louis</td> <td>5002'</td> <td>-2181</td> </tr> <tr> <td>LTD</td> <td>5062'</td> <td>-2241</td> </tr> </table>	Name	Top	Datum	Heebner	4126'	-1305	Lansing	4171'	-1350	Stark	4504'	-1683	Cher. Excello	4786'	-1965	Morrow Shale	4922'	-2101	Mississippi St. Gen.	4943'	-2122	St. Louis	5002'	-2181	LTD	5062'	-2241
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CASING RECORD <input 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"	28#	400'	60/40 pozmix	275	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. <u>DATA</u>			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. <u>N-A</u>	Gas Mcf	Water 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: _____