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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 # 6039  
Name: L. D. DRILLING, INC.  
Address: 7 SW 26 AVE  
City/State/Zip: GREAT BEND, KS 67530  
Purchaser: \_\_\_\_\_  
Operator Contact Person: L. D. DAVIS  
Phone: (620) 793-3051  
Contractor: Name: FOSSIL DRILLING, INC.  
License: 33610  
Wellsite Geologist: KIM SHOEMAKER

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: AMERICAN WARRIOR, INC.

Well Name: TRINKLE 1-1A  
Original Comp. Date: 1/10/87 Original Total Depth: 4500'  
 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. \_\_\_\_\_

<u>3/31/07</u>	<u>4/01/07</u>	<u>4/24/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 151-21820-00-01  
County: PRATT  
SE NE NE Sec. 33 Twp. 26 S. R. 11  East  West  
1240 feet from S / (N) (circle one) Line of Section  
620 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: TRINKLE OWWO Well #: 1-33  
Field Name: WC(HAYNESSVILLE ABD)  
Producing Formation: Viola  
Elevation: Ground: 1807' Kelly Bushing: 1818'  
Total Depth: 4596' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 409 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**  
(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. 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: CLERK Date: JUNE 7, 2007  
Subscribed and sworn to before me this 7 day of June  
20 07  
Notary Public: *[Signature]*  
Rashell Patten  
Date Commission Expires: 2-02-11

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**JUN 11 2007**

NOTARY PUBLIC - STATE OF KANSAS  
**Rashell Patten**  
MY ADPT. EXP. 2-2-11

CONSERVATION DIVISION  
WICHITA, KS

122759

Side Two

Operator Name: L. D. DRILLING, INC. Lease Name: TRINKLE OWWO Well #: 1-33  
 Sec. 33 Twp. 26 S. R. 11  East  West County: PRATT

**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  Yes  No  
*(Attach Additional Sheets)*

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
*(Submit Copy)*

Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum

List All E. Logs Run:

**SONIC CEMENT BOND LOG**

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
Old Info - SURFACE		8 5/8"		409'		300	
PRODUCTION	7 7/8"	5 1/2"	15.5#	4513'	AA-2	175	
RATHOLE					60/40 POZMIX	15	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
4	4270 - 4272'	500 GAL 15% HCL	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	4492'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. Wait on Connection to Gas Pipeline		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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		150 est	200 est		

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

METHOD OF COMPLETION \_\_\_\_\_

Production Interval \_\_\_\_\_

*(If vented, Submit ACO-18.)*

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 KANSAS CORPORATION COMMISSION

JUN 11 2007

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 WICHITA, KS