

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 # 31938
Name: Indian Oil Co., Inc.
Address: P.O. Box 209
City/State/Zip: Medicine Lodge KS 67104-0209
Purchaser: Rolling Thunder Gas LLC
Operator Contact Person: Michael Farrar
Phone: (620) 886-3763
Contractor: Name: Duke Drilling Co.
License: 5929
Wellsite Geologist: NONE

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: Donald C. Stawson
Well Name: #1 Boger D
Original Comp. Date: 6-29-81 Original Total Depth: 5130
 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. _____

2-19-03 2-21-03 2-28-03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 057-20220-00-01
County: Ford
SE - SE SW Sec. 18 Twp. 27S S. R21 East West
340 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: Boger D Well #: 1
Field Name: Konda
Producing Formation: Mississippi
Elevation: Ground: 2393 Kelly Bushing: 2399
5114' 5035
Total Depth: _____ Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 437 Feet
Multiple Stage Cementing Collar Used? 1112 Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1112
feet depth to surface w/ 200 sx cmt.

Drilling Fluid Management Plan see 11 on 6-26-03
(Data must be collected from the Reserve Pit)
Chloride content 30,000 ppm Fluid volume 1200 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: PRESIDENT Date: 5/14/03
Subscribed and sworn to before me this 16 day of June, 2003.
Notary Public: Joyce E. Roland
Date Commission Expires: _____

KCC Office Use ONLY

N Letter of Confidentiality Attached
If Denied, Yes Date: _____
Y/N Wireline Log Received
N Geologist Report Received
____ UIC Distribution

Operator Name: Indian Oil Co., Inc. Lease Name: Boger D Well #: 1

Sec. 18 Twp. 27S. R. 21 East West County: Ford

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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run: Bond Log</p>	<p><input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p> <p>Mississippi 4970 (-2571)</p>
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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	# Sacs Used	Type and Percent Additives
	7 7/8"	4.5"	10.5#	5114	50/50 POZ	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	surf. to 1112'	50/50 POZ	200	see attached

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	4978-4988 4 per	2000 gal. 20% MCA	

TUBING RECORD		Size 2 3/8"	Set At 4976'	Packer At 4976'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First Resumed Production, SWD or Enhr. March 15th			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 280	Water Bbls. 0	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify)