

ORIGINAL

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

Operator: License # 5259

Name: MAI OIL OPERATIONS, INC.

Address P.O. BOX 33

City/State/Zip RUSSELL, KS. 67665

Purchaser: NCRA

Operator Contact Person: ALLEN BANGERT

Phone 785,483 2169

Contractor: Name: MURFIN DRILLING CO., INC.

License: 30606

Wellsite Geologist: JIM MUSGROVE

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

1-20-2004 2-3-2004 2-3-2004
Spud Date Date Reached TD Completion Date

API NO. 15- 007-22791-0000

County BARBER

90' N & 90' EC - SW Sec. 2 Twp. 30 Rge. 24 ^E _W

1410 Feet from S (circle one) Line of Section

1410 Feet from E (circle one) Line of Section

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

Lease Name ALEXANDER Well # 1

Field Name WILDCAT

Producing Formation LKC

Elevation: Ground 1951' KB 1959'

Total Depth 4685' PBSD 4570'

Amount of Surface Pipe Set and Cemented at 225' 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 35,000 ppm Fluid volume 360 bbls

Dewatering method used HAULED OFFSITE

Location of fluid disposal if hauled offsite: _____

Operator Name MAI OIL OPERATIONS, INC.

Lease Name THREE SISTERS License No. 5259

SE 1/4 Quarter Sec. 35 Twp. 29 S Rng. 14 ^E _W

County PRATT Docket No. D-26,795

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 Allen Bangert

Title PROD. SUPT. Date 5-12-04

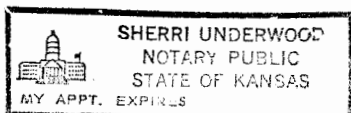
Subscribed and sworn to before me this 13 day of May, 2004.

Notary Public Sherr Underwood

Date Commission Expires 10-30-04

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

RECEIVED
MAY 14 2004
KCC WICHITA



SIDE TWO

Operator Name MAI OIL OPERATIONS, INC. Lease Name ALEXANDER Well # 1
 Sec 24 Twp. 30 Rge. 14 East West
 County BARBER

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.L. Logs Run: SONIC, DUAL INDUCTION,
COMPENSATED NEUTRON-DENSITY

Log Sample
 Formation (Top), Depth and Datum
 Name Top Datum
 SEE ATTACHED SHEET

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
<u>SURFACE</u>	<u>17 1/2"</u>	<u>13 3/8"</u>	<u>48</u>	<u>225</u>	<u>CLASS A</u>	<u>225</u>	<u>2% GEL</u> <u>3% CC</u>
<u>PRODUCTION</u>	<u>7 7/8"</u>	<u>5 1/2"</u>	<u>15.50</u>	<u>4680</u>	<u>50-50POZ</u>	<u>325</u>	<u>10% SALT</u> <u>5% CAL SEAL</u> <u>.8% FLA 322</u> <u>.25% CFR</u>

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	<u>3100-01'</u>	<u>COMMON</u>	<u>125</u>	<u>2%CC, .5% FLA 322,</u>
<input type="checkbox"/> Plug Back TD	<u>3100-01</u>	<u>60-40POZ</u>	<u>100</u>	<u>3%CC, .5% FLA 322</u>
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
<u>4614-16!</u> <u>4807-18!</u>	<u>CIBP @ 4570'</u>	<u>500 GAL 7 1/2% MCA</u>
<u>3</u>	<u>4203-06', 4172-76'</u>	<u>500GAL 15%NE, 1500GAL 20% CRA</u>
<u>3</u>	<u>4086-90!, 4066-70', 4040-46'</u>	<u>750GAL 15%NE, 2250GAL 20% CRA</u>

TUBING RECORD
 Size 2 7/8" Set At 4565' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 4-5-2004 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>0</u>	<u>200</u>	<u>55</u>		

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 4203-06', 4172-76', 4086-90', 4066-70', 4040-46'