

9/24

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 # 8802
Name: COBRA OIL & GAS CORPORATION
Address: P O BOX 8206
City/State/Zip: WICHITA FALLS, TX 76307-8206
Purchaser: _____
Operator Contact Person: RORY EDWARDS
Phone: (940) 716-5100
Contractor Name: CHEYENNE DRILLING, INC
License: 5382
Wellsite Geologist: CRAIG REYNOLDS

RECEIVED

APR 26 2004

KCC WICHITA

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: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____
 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. _____

08/27/03 02/11/04 04/06/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 119-21110-01-00
County: MEADE
N2 NW NW Sec. 3S Twp. 31 S. R. 29 East West
330 surface feet from (circle one) N Line of Section
700 feet from (circle one) E Line of Section
Bottom Hole Loc: 3198 FNL, 1581 FWL
Footages Calculated from Nearest Outside Section Corner: (DRL 1106)

(circle one) NE SE NW SW
Lease Name: STERN 35 Well #: 2
Field Name: HOCKETT, SE

Producing Formation: CHESTER
Elevation: Ground: 2648' Kelly Bushing: 2661'
Total Depth: 7263' Plug Back Total Depth: 6798' TD = 8630
Amount of Surface Pipe Set and Cemented at 1525' TVD = 7263
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 2500 ppm Fluid volume 10,000 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite: _____
Operator Name: GENE R. DILL
Lease Name: REGIER SWD License No.: 6652
Quarter _____ Sec. 17 Twp. 33 S. R. 27 East West
County: MEADE Docket No.: C-21,232

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: MGR, DRLG & PROD Date: 04/21/04
Subscribed and sworn to before me this 21st day of April
2004

Notary Public: [Signature]
Date Commission Expires: _____
My Comm. Expires 9-8-5

KCC Office Use ONLY
ND Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Side Two

Operator Name: COBRA OIL & GAS CORPORATION Lease Name: STERN 35 Well #: 2
 Sec. 3S Twp. 31 S. R. 29 East West County: MEADE

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5" MUD LOG	6797' 5066'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

List All E. Logs Run:
ARRAY INDUCTION, SHALLOW FOCUSED

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
SURFACE	12-1/4"	9-5/8"	36#	1525'	POZ "C", "C"	520	8% D-20, .25% D29, 2% S1
INTERMED.	8-3/4"	7"	20#, 23#	5665'	CL "H"	305	0.2% D167, .25% / sx D29, 5# / sx D42
PROD	6-1/8"	4-1/2"	11.6#	4781'-6665'	NONE		

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 <i>(Amount and Kind of Material Used)</i>	Depth
3	5667'-5672', 5678'-5684', 5696'-5704', 5762'-5768',	(1) 8000 gals 60q foam gel, (2) 6000 gals 60q foam,	5667'-
	5772'-5776', 5854'-5860', 5872'-5878'	20% acid, (3) 8000 gals 60q foam gel w/	5878'
		80 bio-ball sealers, (4) 6000 gals 60q foam,	
		20% acid, (5) 12000 gals 60q foam gel w/80	
		bio-ball sealers, (continued on next page....)	

TUBING RECORD	Size 2-3/8"	Set At 5600.28'	Packer At N/A	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. SIGW	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas METHOD OF COMPLETION Production Interval

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