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KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 32433  
Name: ONSHORE LLC  
Address: 200 E First, suite 301  
City/State/Zip: Wichita KS 67202  
Purchaser: Plains (oil) Pioneer(gas)  
Operator Contact Person: John Kelley  
Phone: (316) 262-3413  
Contractor: Name: Southwind Drilling Inc  
License: 33350  
Wellsite Geologist: Terry McLeod

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. \_\_\_\_\_

6/11/04 6/18/04 7/20/04

Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 077-21487-00-00

County: Harper

C NE NE Sec. 30 Twp. 31 S. R. 8W  East  West

660 feet from S N (circle one) Line of Section

660 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Broce Well #: 2

Field Name: Spivey Grabs

Producing Formation: Miss

Elevation: Ground: 1589 Kelly Bushing: 1599

Total Depth: 4490 Plug Back Total Depth: 4443

Amount of Surface Pipe Set and Cemented at 265 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 254

feet depth to surface w/ 190 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]  
John M Kelley

Title: owner Date: 8/16/04

Subscribed and sworn to before me this 16th day of August, 2004

Notary Public: [Signature]

Date Commission Expires: 7-21-07

**RONALD FOWLER**  
Notary Public - State of Kansas  
My Appt. Expires 7-21-07

**KCC Office Use ONLY**

\_\_\_\_\_ Letter of Confidentiality Attached

\_\_\_\_\_ If Denied, Yes  Date: \_\_\_\_\_

\_\_\_\_\_ Wireline Log Received

\_\_\_\_\_ Geologist Report Received

\_\_\_\_\_ UIC Distribution

Operator Name: Onshore LLC Lease Name: Broce Well #: #2  
 Sec. 30 Twp. 31S S. R. 8W  East  West County: Harper County, Kansas

**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)

List All E. Logs Run: Dual Induction  
Compensated Density/Neutron  
Dual Receiver Cement Bond

Log Formation (Top), Depth and Datum  Sample

Name Top Datum  
Miss 4390 (-2791)

CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
surface	12-1/4"	8-5/8"	24#	254'	60/40 Poz	190	2%gel, 3% CC
Production	7-7/8"	5-1/2"	15.5#	4467.39	Class A	150	10% salt, 5/sk gilsonite

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	2 spft			
<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
2spft	4394-4410	Acid (1500 gal 10% FE, NE flush w/s/w	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8	4412.91	none	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
7/20/04		<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
	4	100mcf	40		

Disposition of Gas **METHOD OF COMPLETION** Production Interval

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