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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
FORM MUST BE TYPED

SEP 27 2001

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC WICHITA

Done
COPY

Operator: License # 32384

Name: Comanche Resources Company

Address: 9520 N. May, Ste. 370

City / State / Zip: Oklahoma City, OK 73120

Purchaser: _____

Operator Contact Person: Rachel Laubaugh

Phone: 755-5900 x44

Contractor: Name: H-40 Drilling Inc.

License: 30692

Wellsite Geologist: Padgett Mud Loggers

Designate Type of Completion _____

New Well Re-Entry Workover
Oil SWD SLOW Temp. Abd.
Gas ENHR X SIGW
 Dry Other (Core, WSW, Expl., Cathodic, ^{to})

KCC

If Workover/Re-entry: Old Well Info as follows:

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Operator: _____

Well Name: **CONFIDENTIAL**

Original Comp. Date: _____ Original Total Depth _____

Deepening _____ Re- _____ Conv. To Enhr./SWD
Plug Back _____ Plug Back Total Depth _____
Commigled _____ Docket No. _____
Dual Completion _____ Docket No. _____
Other (SWD or Enhr.?) _____ Docket No. _____

7/24/01

8/8/01

8/10/01

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15- 025-21228

County: Clark County, Kansas

- C-SW 9E Sec. 14 Twp. 32 S. R. 23 East West

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

1980' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Rosemary Well #: 14-1

Field Name: Wildcat

Producing Formation Arbuckle

Elevation: Ground: 2101' Kelly Bushing: 2113'

Total Depth: 6675' Plug Back Total Depth: _____

Amount of Surface Pipe set and Cementat at 668' 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.

7-18-03

Rachael

3-6-03

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 and 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 the statements herein are complete and correct to the best of my knowledge.

Signature: Rachel Laubaugh

Title: Production Assistant Date: 9-25-01

Subscribed and sworn to before me this 25 day of September

2001

Notary Public: Jamae Gilbert Date Commission Expires: 11-16-03

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Release

MAR 06 2003

From
Confidential

Operator Name: Comanche Resources Co., LLC Lease Name: Rosemary Well # 14-1
 Sec. 14 Twp. 32 S. 23 R. East West County: Clark County, Kansas

INSTRUCTIONS: Show how important tops and base formations penetrated. Detail all cores. Report all final copies of drill stem tests giving tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressures reached static level, hydrostatic pressures, bottom 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 Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum Name Top Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Red Bed 334'	
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Red Bed and Sands 687'	
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Red Bed 2090'	
KCC		Lime and Shale 6675'	
List all E. Logs Run: Micro, Neutron Density, Array Induction		Rotary Total Depth 6675'	
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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	# Sacks Used	Type and Percent Additives
Conductor		20"		60'	Grout	6 yds.	
Surface	12 1/4"	8 5/8"	24#	668'	65/35 Poz	420	6% gel, 12% ccl 1/4 FL, 2%cc
Production	7 7/8"	4 1/2"	11.6#	6675'	Class H ASC	275	5% Koseal, 5% FL10

ADDITIONAL CEMENTING / SQUEEZE RECORD							
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type and Cement	#Sacks Used	Type and Percent Additives			

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	6515-24'				
2	6468-6502'				

TUBING RECORD Size 2 3/8" Set At 6511' Packer At 6610'			Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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Date of First, Resumed Production, SWD or Enhr. Shut in Gas Well		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.	Gas Mcf.	Water Bbls.	Gas-Oil Ration		Gravity	

Disposition of Gas	METHOD OF COMPLETION			Production Interval			
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Commingled _____				

Release

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