

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License #	30076		
Name:	A & A PRODUCTION		
Address:	PO BOX 100		
City/State/Zip:	HILL CITY KS 67642		
Purchaser:			
Operator Contact Person:	ANDY ANDERSON		
Phone:	(785) 421-6266		
Contractor: Name:	A & A PRODUCTION		
License:	30076		
Wellsite Geologist:	KITT NOAH		
Designate Type of Completion:			
<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Workover	
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW	<input type="checkbox"/> Tendo Add
<input type="checkbox"/> Gas	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW	STATE CORPORATION COMMISSION
<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Other (Core, WSW, Expl., Cathodic, etc.)		
FED 2 2001			
If Workover/Re-entry: Old Well Info as follows:			
Operator:	COMMISSION		
Well Name:			
Original Comp. Date:	Original Total Depth:		
<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to Enhr./SWD	
<input type="checkbox"/> Plug Back	Plug Back Total Depth		
<input type="checkbox"/> Commingled	Docket No.		
<input type="checkbox"/> Dual Completion	Docket No.		
<input type="checkbox"/> Other (SWD or Enhr.?)	Docket No.		
1-11-01	1-19-01	1-20-01	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date	

API No. 15 -	065-22812-0000					
County:	GRAHAM					
S/2 NE/4 SE/4	Sec. 23	Twp. 8	S. R. 23	<input type="checkbox"/> East	<input checked="" type="checkbox"/> West	
1680	feet from <input checked="" type="checkbox"/> N (circle one) Line of Section					
960	feet from <input checked="" type="checkbox"/> E (circle one) Line of Section					
Footages Calculated from Nearest Outside Section Corner:						
<input type="checkbox"/> (circle one)	NE	SE	NW	SW		
Lease Name:	RIGGS			Well #:	1	
Field Name:	LEGERE					
Producing Formation:						
Elevation: Ground:	2133	Kelly Bushing:				
Total Depth:	3840	Plug Back Total Depth:				
Amount of Surface Pipe Set and Cemented at 214 Feet						
Multiple Stage Cementing Collar Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	2%	ppm	Fluid volume	800	bbls	
Dewatering method used:						
Location of fluid disposal if hauled offsite:						
Operator Name:	REILLY OIL COMPANY, INC.					
Lease Name:	JUSTUS			License No.:	32686	
Quarter	SE	Sec. 23	Twp. 8	S. R. 23	<input type="checkbox"/> East	<input checked="" type="checkbox"/> West
County:	GRAHAM			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: Andy Anderson
Title: Operator Date: 2/8/01
Subscribed and sworn to before me this 8th day of FEBRUARY,
2001
Notary Public: Rita A. Anderson
Date Commission Expires: January 21, 2004

KCC Office Use ONLY	
<input type="checkbox"/> Letter of Confidentiality Attached	
If Denied, Yes <input type="checkbox"/> Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
RITA A. ANDERSON Graham County, Kansas My App. Exn 1-21-04	

Operator Name: A & A PRODUCTION Lease Name: RIGGS Well #: 1
 Sec. 23 Twp. 8 S. R. 23 East West County: GRAHAM

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 Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input 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	ANDYDRITE	1760 + 378
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/ANHYDRITE	1794 + 344
List All E. Logs Run: <u>Radiation Guard Log</u>		TOPEKA	3150 -1012
		HEEBNER	3363 -1225
		TORONTO	3387 -1249
		LANSING	3404 -1266
		B/KC	3618 -1480
		MARM	3692 -1554
		ERO ARB	3786 -1648
		ARBUCKLE	3790 -1652

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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	20	214	60/40 POZ Mix	140	3% CC 2% Gel
							.

ADDITIONAL CEMENTING / SQUEEZE RECORD							
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of 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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.		Producing Method					
		<input 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 Ratio	Gravity
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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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____				