



**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

ORIGINAL

Operator: License # 6039
Name: L.D. Drilling, Inc.
Address: 7 SW 26 Ave.
City/State/Zip: Great Bend, Kansas 67530
Purchaser: _____
Operator Contact Person: L.D. Davis
Phone: (620) 793-3051
Contractor: Name: Sterling Drilling Company
License: 5142

RECEIVED

Wellsite Geologist: Kim Shoemaker
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

NOV 14 2003

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If Workover/Re-entry: Old Well Info as follows:
Operator: Mull Drilling Company
Well Name: Steckel Farms # 1-11
Original Comp. Date: 9-29-02 Original Total Depth: 3900
 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. _____

<u>09/05/03</u>	<u>09/06/03</u>	<u>09/06/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23166-00-01
County: Stafford
W/2 E/2 W/2 SE Sec. 11 Twp. 22 S. R. 14 East West
1350 feet from (S) / N (circle one) Line of Section
1815 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Steckel Farms Well #: 1-11 owwo
Field Name: Oscar North Ext (1/2 w)

Producing Formation: _____
Elevation: Ground: 1933' Kelly Bushing: _____
Total Depth: 527' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 361 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 _____ 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.: _____

PAKER 11.19.03

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: Bessie Dewey
Title: Secretary/Treasurer Date: November 12, 2003
Subscribed and sworn to before me this 12 day of November,
20 03.
Notary Public: Rashell Patten
Date Commission Expires: 02-02-07 Rashell Patten

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

NOTARY PUBLIC - STATE OF KANSAS
Rashell Patten
My Appt. Exp. 2-2007

X

Operator Name: L.D. Drilling, Inc. Lease Name: Steckel Farms Well #: 1-11 owwo
 Sec. 11 Twp. 22 S. R. 14 East West County: Stafford API # 15-185-23166-00-01

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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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	# Sacs Used	Type and Percent Additives
Casing	12 1/4"	8 5/8" in Hole	24#	394'	60/40 Pozmix	275 sx	2%gel,3% cc

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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First. Resumerd 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		

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other (Specify) _____

ORIGINAL

FIELD ORDER

6826



INVOICE NO.
Date 9-6-03
Customer ID

Subject to Correction

Lease Steckel Farms	Well # 1-110200	Legal 11-225-4W
County Stafford	State KS.	Station Pratt

Depth	Formation	Shoe Joint
Casing	Casing Depth	TD
Customer Representative Gary Pugh	Treater Bobby Drake	Job Type ATA
		OLD WELL

AFE Number	PO Number
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Materials Received by *X Gary Pugh*

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D203	75 sk.	60/40 Poz + 60 gal	✓			
C320	258 lb.	Cement Gel	✓			
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E100	40 mi	UNITS 1-Way	MILES 40 mi			
E104	142 tm	TONS	MILES			
R400	1 ea.	EA. Cont. Pumper	PUMP CHARGE			
E107	75 sk.	Cont. Service Charge				
Discounted Price 110.00						

10244 NE Hiway 61 · P.O. Box 8613 · Pratt, KS 67124-8613 · Phone (620) 672-1201 · Fax (620) 672-5383 TOTAL

TREATMENT REPORT



Customer ID: *API # 15-185-29166-00-01*
 Date: *9-6-03*
 Customer: *L.O. Drilling*
 Lease: *Steckel Farms*
 Well #: *1-110wpc*

Field Order #: *6826* Station: *Pratt* Casing: _____ Depth: _____
 County: *Stafford* State: *Ks*
 Type Job: *PTA* Formation: _____ Legal Description: *11-225-14w*

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	<i>75 sks.</i>	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	<i>60/40 P02 6 1/2 gal</i>	Max		5 Min.
Volume	Volume	From	To	Pad	<i>13.3 gal</i>	Min		10 Min.
Max Press	Max Press	From	To	Frac	<i>7.59 FT3</i>	Avg		15 Min.
Well Connection	Annulus Vol.	From	To	Flush		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To			Gas Volume		Total Load

Customer Representative: *Gary Lugh* Station Manager: *Lane Antry* Treater: *Bobby Drake*

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>9:30</i>					<i>Called Out</i>
<i>11:15</i>					<i>On location w/ Truck.</i>
<i>11:36</i>					<i>1st Plug 310' 50 sks.</i>
<i>11:36</i>	<i>150</i>		<i>20</i>	<i>4.0</i>	<i>start H₂O</i>
<i>11:39</i>			<i>14.15</i>		<i>Mix Cont 50 sks.</i>
<i>11:45</i>	<i>0</i>		<i>1.5</i>		<i>Disp. 1.5,</i>
					<i>2nd Plug 40'</i>
<i>11:56</i>			<i>3</i>	<i>4</i>	<i>Mix + Pump 3 Bbls.</i>
<i>11:58</i>					<i>Shut Down Move to Rat Hole</i>
<i>12:03</i>			<i>5</i>		<i>Plug Rat Hole 5 Bbls.</i>
<i>12:04</i>					<i>Shut Down - Job Complete</i>

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Thanks, Bobby Drake