

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

ORIGINAL

Operator: License # 33022  
Name: Rock Exploration, LLC  
Address: P.O. Box 406  
City/State/Zip: Victoria, Kansas 67671-0406

Purchaser: \_\_\_\_\_  
Operator Contact Person: Joseph A. Dinkel  
Phone: (785) 625-5266

Contractor: Name: A & A Production, Inc.  
License: 30076

Wellsite Geologist: Duane P. Stecklein

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. \_\_\_\_\_

<u>9-19-03</u>	<u>9-25-03</u>	<u>9-25-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-051-25211-00-00

County: Ellis

NW NESE 19 Sec. 15 Twp. 17 S. R.  East  West

2310' feet from  N (circle one) Line of Section

990' feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE  SE NW SW

Lease Name: Rein Well #: #1

Field Name: Wheatland South

Producing Formation: None D & A

Elevation: Ground: 1988' Kelly Bushing: 1993'

Total Depth: 3583' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 1143' Feet

Multiple Stage Cementing Collar Used?  Yes  No

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

If Alternate II completion, cement circulated from 1143'

feet depth to Surface w/ 425 sx cmt.

Drilling Fluid Management Plan Per 11-13-03  
(Data must be collected from the Reserve Pit)

Chloride content 59,000 ppm Fluid volume 400 bbls

Dewatering method used Allow to dry and backfill

Location of fluid disposal if hauled offsite:

Operator Name: Blackhawk Tank Service, Inc.

Lease Name: Dechant SWD License No.: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. 17 Twp. 14 S. R. 18  East  West

County: Ellis 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: Joseph A. Dinkel

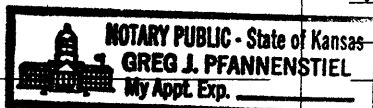
Title: Operator Date: 11-4-2003

Subscribed and sworn to before me this 4 day of November

2003

Notary Public [Signature]

Date Commission Expires: 3/4/2004



KCC Office Use ONLY

Letter of Confidentiality Attached

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

Wireline Log Received

Geologist Report Received

UIC Distribution

X

Operator Name: Rock Exploration, LLC Lease Name: Rein Well #: #1  
 Sec. 19 Twp. 15 S, R. 17  East  West County: Ellis

**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
Topeka	2967	-974
Heebner	3253	-1260
Toronto	3269	-1276
Douglas	3289	-1296
L-KC	3303	-1310
B-KC	3531	-1538
Cong. -Chert	3551	-1558
R.T.D.	3583	-1590

**CASING RECORD**  New  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	8 5/8"		24	1143'	Com	425	

**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 (Amount and Kind of Material Used)	Depth

**TUBING RECORD** Size Set At Packer At Liner Run  Yes  No

Date of First, Resumerd Production, SWD or Enhr. Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

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)

# ALLIED CEMENTING CO., INC. 14529

Federal Tax I.D.# ~~14-0707000~~

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: **ORIGINAL**  
R

*API. 16-051-25211-0000*

DATE <i>9/15/03</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Rein</i>	WELL# <i>1</i>	LOCATION <i>Manjor S's 1E</i>		COUNTY <i>Ellis</i>	STATE <i>Ks</i>		
<input checked="" type="checkbox"/> OLD OR NEW (Circle one)				<i>1/2 S W 1/4</i>			

CONTRACTOR <i>A &amp; A</i> ✓	OWNER _____
TYPE OF JOB <i>Rotary Plug</i>	CEMENT
HOLE SIZE <i>7 7/8"</i> T.D. <i>3583'</i>	AMOUNT ORDERED <i>1600 00/40 60/40 60/40</i>
CASING SIZE _____ DEPTH _____	<i>1/4 # F105ea1</i>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	
MEAS. LINE _____ SHOE JOINT _____	
CEMENT LEFT IN CSG. _____	
PERFS. _____	
DISPLACEMENT _____	

COMMON	<i>96</i>	@	<i>7.15</i>	<i>686.40</i>
POZMIX	<i>64</i>	@	<i>3.80</i>	<i>243.20</i>
GEL	<i>8</i>	@	<i>10.00</i>	<i>80.00</i>
CHLORIDE		@		
<i>Floerol</i>	<i>40#</i>	@	<i>1.40</i>	<i>56.00</i>
		@		
		@		
		@		
		@		
HANDLING	<i>160</i>	@	<i>1.15</i>	<i>184.00</i>
MILEAGE	<i>54/54/mile</i>			<i>203.00</i>

**EQUIPMENT**

PUMP TRUCK CEMENTER <i>Paul</i>	
# <i>360</i> HELPER <i>Shane</i>	
BULK TRUCK	
# <i>213</i> DRIVER <i>Scott</i>	
BULK TRUCK	
# _____ DRIVER _____	

RECEIVED TOTAL *1449.60*

**REMARKS:**

*50 ft - 1200'*

*85 ft - 1000'*

*10.5 ft - 40'*

*15 ft - Rathole*

**NOV 06 2003**

**KCC WICHITA SERVICE**

DEPTH OF JOB _____	
PUMP TRUCK CHARGE	<i>630.00</i>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <i>25</i> @ <i>3.50</i>	<i>87.50</i>
PLUG <i>8 7/8 Dryhole</i> @ _____	<i>23.00</i>
_____ @ _____	
_____ @ _____	
TOTAL	<i>740.50</i>

CHARGE TO: *Rock Oil*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FLOAT EQUIPMENT**

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
TOTAL	_____

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE *Dave S. [Signature]*

PRINTED NAME \_\_\_\_\_

# ALLIED CEMENTING CO., INC.

Federal Tax I.D.#

14508

ORIGINAL

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: R

APL 15-051-25211-0000

DATE <u>9-20-03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>5:30pm</u>	JOB START <u>8:15pm</u>	JOB FINISH <u>8:45pm</u>
LEASE <u>REIN</u>	WELL # <u>1</u>	LOCATION <u>MANJOR SS 1E 1/2s</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR AEA

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 1149

CASING SIZE 8 5/8 DEPTH 1149

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 45 9/32

CEMENT LEFT IN CSG. 45 9/32

PERFS.

DISPLACEMENT 70 1/2 BBL

EQUIPMENT

PUMP TRUCK CEMENTER MARK

# 345 HELPER DAVE

BULK TRUCK

# 222 DRIVER COPE

BULK TRUCK

# 282 DRIVER SCOTT

OWNER

CEMENT

AMOUNT ORDERED 2 1/2 6 1/4 3 7/8 CC 2 7/8 CFL

COMMON	<u>255</u>	@	<u>7 1/5</u>	<u>1823 25</u>
POZMIX	<u>170</u>	@	<u>3 7/8</u>	<u>646 25</u>
GEL	<u>8</u>	@	<u>6 1/8</u>	<u>80 25</u>
CHLORIDE	<u>13</u>	@	<u>30 25</u>	<u>390 25</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>425</u>	@	<u>1 1/5</u>	<u>138 75</u>
MILEAGE	<u>5 1/2</u>	@	<u>1 1/16</u>	<u>531 25</u>
TOTAL				<u>3959 25</u>

REMARKS:

SERVICE

CEMENT CIRC V

PLUG LANDED

DEPTH OF JOB 1149

PUMP TRUCK CHARGE 630 25

EXTRA FOOTAGE @

MILEAGE 25 @ 3 5/8 87 50

PLUG 8 5/8 RUBBER @ 60 25

@

@

RECEIVED

NOV 06 2003 TOTAL 817 50

CHARGE TO: ROCK EXP

STREET P.O. Box 406

CITY Victoria STATE KS ZIP 67671

KCC WICHITA

FLOAT EQUIPMENT

@

@

@

@

@

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You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Rock Exploration, LLC  
Joseph A. Dunkel

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME