

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 # 33261
Name: Brower Oil & Gas Co., Inc.
Address: 6506 S. Lewis Ave., Ste. 115
City/State/Zip: Tulsa, OK 74136
Purchaser: _____
Operator Contact Person: Pamela K. Atkins
Phone: (918) 743-8893
Contractor: Name: Pense Brothers Drilling
License: 32980
Wellsite Geologist: John D. Muselmann

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Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW 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>08-09-03</u>	<u>08-10-03</u>	<u>10-03-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29011-00-00
County: Allen
NE SE Sec. 25 Twp. 24 S. R. 17 East West
2286 feet from S / N (circle one) Line of Section
529 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kramer Well #: 1-25
Field Name: Iola
Producing Formation: Bartlesville
Elevation: Ground: 965' Kelly Bushing: _____
Total Depth: 1200' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 42' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1183
feet depth to 0 w/ 165 sx cmt.

Drilling Fluid Management Plan 11/11/03 12:2:03
(Data must be collected from the Reserve Pit)
Chloride content Fresh Water ppm Fluid volume 0 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

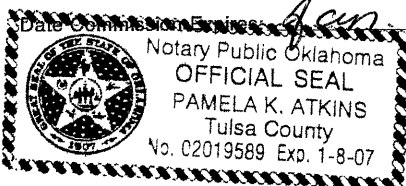
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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]
Title: _____ Date: 11-17-03
Subscribed and sworn to before me this 17th day of November,
20 03.
Notary Public: Pamela K. Atkins

KCC Office Use ONLY

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



ORIGINAL

Operator Name: Brower Oil & Gas Co., Inc. Lease Name: Kramer Well #: 1-25
 Sec. 25 Twp. 24 S. R. 17 East West County: Allen API # 15-001-29011-00-00

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" 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	Bartlesville	957'	959'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	KANSAS CORPORATION COMMISSION NOV 24 2003 RECEIVED		
List All E. Logs Run:				

CDL, DIL

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	11"	8-5/8"	23#/ft.	42'	Portland	10 sks	
Production	6-3/4"	5-1/2"	15.5#/ft.	1183'	Arkoma Lite	165 sks	See Attached

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 <i>(Amount and Kind of Material Used)</i>	Depth
4 SPF	982-86';974-78';970-72';965-68';957-59'	500 Gal. 7-1/2% HCL	957'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	1127'			
Date of First, Resumerd Production, SWD or Enhr. Waiting on Pipeline			Producing Method			
			<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	
		27	320			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Called operator 12/16/03 Perforated one zone en

ORIGINAL

Kramer 1-25 *API# 15-001-29011-00-00*

Cement Additives:

99 sks Diacel
58 # Lomar D
5 sks Premium Gel
17 sks Gilsonite
387# Salt
2 sks flo-seal
165 sks sodium metasilicate
1.5 gal silt suspender ss-630, ESA-90, ESA-41
1 Gal. KCL sub (ESA-55)

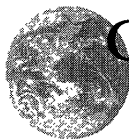
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*Surface pipe was set by Brower Oil & Gas Co., Inc. and there is no cement ticket. All questions should be referred to Joe Brower at 918/760-4443.

(KS Kramer 1-25 Compltn Additl.doc)



CONSOLIDATED
OIL WELL
SERVICES
AN INFIRITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

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ORIGINAL

TICKET NUMBER 22476

LOCATION Chanute

FIELD TICKET

API # 15-001-29011-00-00

DATE 8-14-03	CUSTOMER ACCT # 1530	WELL NAME Kramer 1-25	QTR/QTR	SECTION	TWP	RGE	COUNTY AL	FORMATION
CHARGE TO <u>Brower Oil & Gas</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5303	1	PUMP CHARGE		590.00
1123	2500 gal.	City water		28.13
3104	500 gal	7 1/2 % acid		325.00
1214	2 gal.	Iron Control		61.50
1209	1 gal.	Non Emul.		25.00
1244	2 gal	Clay Stay		58.00
1238	1 gal.	Silt Susceptor		30.00
1215	4 gal.	HCL		88.00
4139	100	Balls		190.00
		BLENDING & HANDLING		
		TON-MILES		
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	2 1/2 hrs.	VACUUM TRUCKS		175
		FRAC SAND		
		CEMENT		
			SALES TAX	13.71
				1565.00

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Ravin 2790 ESTIMATED TOTAL ~~1578.31~~ 1584.37

CUSTOMER or AGENTS SIGNATURE Jack H. Brown CIS FOREMAN Danny

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

185991