

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5259

Name: MAI OIL OPERATIONS, INC.

Address P.O. BOX 33

City/State/Zip RUSSELL, KS. 67665

Purchaser: N/A

Operator Contact Person: ALLEN BANGERT

Phone 785, 483 2169

Contractor: Name: MURFIN DRILLING

License: 30606

Wellsite Geologist: TODD MORGENSTERN

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

11-07-03 11-15-03 11-15-03
Spud Date Date Reached TD Completion Date

API NO. 15- 167-23237-0000

County RUSSELL

APPROX C-E 1/2 - NW 1/4 Sec. 4 Twp. 12 Rge. 15 X E

1300 Feet from S(N)(circle one) Line of Section

1940 Feet from E(W)(circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, (NW) or SW (circle one)

Lease Name EULERT UNIT Well # 1

Field Name WILDCAT

Producing Formation LKC, ARBUCKLE

Elevation: Ground 1681' KB 1686'

Total Depth 3215' PBTD 3215'

Amount of Surface Pipe Set and Cemented at 736 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 Follow on 1-15-04
(Data must be collected from the Reserve Pit)

Chloride content 30000 ppm Fluid volume 80 bbls

Dewatering method used HAULED

Location of fluid disposal if hauled offsite: _____

Operator Name MAI OIL OPERATIONS, INC.

Lease Name BELLER "C" License No. 5259

NW 1/4 Quarter Sec. 15 Twp. 12 S Rng. 15 X W

County RUSSELL Docket No. D-7312

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 on 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.

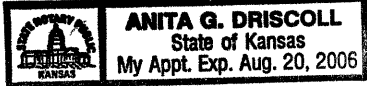
Signature Allen Bangert
Title PROD. SUPT. Date 12-18-2003

Subscribed and sworn to before me this 22 day of December,
2003

Notary Public Anita Driscoll

Date Commission Expires _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



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DEC 23 2003
KCC WICHITA

Form ACO-1 (7-91)

ORIGINAL

SIDE TWO

Operator Name MAI OIL OPERATIONS, INC.

Lease Name EULERT UNIT

Well # 1

Sec. 4 Twp. 12 Rge. 15
 East
 West

County RUSSELL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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: RADIATION*GUARD,

SONIC

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
ANHYDRITE	754'	932
BASE ANHYDRITE	790'	896
GRAND HAVEN	2244'	-558
1st SAND	2262'	-576
DOVER	2280'	-594
LANGDON SHALE &	2290'	-604
TARKIO LM	2318'	-632
TOPEKA	2568'	-882
HEEBNER	2786'	-1100
LANSING	2838'	-1152
ARBUCKLE	3153'	-1466

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	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	20#	736'	60-40POZ	350	2% GEL 3% CC

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

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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	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: METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# [REDACTED]

1563
ORIGINAL

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
R

15-167-2323750070

DATE <u>11-8-03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
<u>EULERT</u>					<u>4:30AM</u>	<u>6:30AM</u>	<u>9:00 AM</u>
LEASE <u>UNIT</u>	WELL # <u>1</u>	LOCATION <u>GDRHAM 15 12N 12E</u>			COUNTY	STATE	
					<u>RUSSELL</u>	<u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR MURPHY 110

TYPE OF JOB SURFACE

HOLE SIZE 8 5/8 T.D. 737

CASING SIZE 8 5/8 DEPTH 735

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 31'

CEMENT LEFT IN CSG. 31'

PERFS. _____

DISPLACEMENT 44 3/4 BBL

EQUIPMENT

PUMP TRUCK CEMENTER MARK

345 HELPER DAVE

BULK TRUCK

378 DRIVER RUSSELL

BULK TRUCK

_____ DRIVER _____

REMARKS:

CEMENT CIRC

PLUG LANDED

CHARGE TO: MAZ OIL OVER

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER _____

CEMENT

AMOUNT ORDERED 350 6 9/40 390 cc 270 cc

COMMON	<u>210</u>	@	<u>7.15</u>	<u>1,501.50</u>
POZMIX	<u>140</u>	@	<u>3.80</u>	<u>532.00</u>
GEL	<u>7</u>	@	<u>10.00</u>	<u>70.00</u>
CHLORIDE	<u>11</u>	@	<u>30.00</u>	<u>330.00</u>

HANDLING	<u>368</u>	@	<u>1.15</u>	<u>423.20</u>
MILEAGE	<u>.05/sk/mi</u>			<u>404.80</u>

RECEIVED

TOTAL 3,261.50

DEC 23 2003

KCC WICHITA SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE				<u>520.00</u>
EXTRA FOOTAGE	_____	@		
MILEAGE	<u>22</u>	@	<u>3.50</u>	<u>77.00</u>
PLUG	<u>8 5/8 RUBBER</u>	@	<u>100.00</u>	<u>100.00</u>

TOTAL 697.00

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

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# [REDACTED]

ORIGINAL

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
12

15-167-23237-0000

DATE <u>11-16-03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>8:30 AM</u>	JOB FINISH <u>10:45 AM</u>
LEASE <u>EULERT</u>	WELL # <u>1</u>		LOCATION <u>GORHAM 1E 12N 12E</u>		COUNTY <u>RUSSELL</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR MURFIN 16

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3215

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT

AMOUNT ORDERED 160 @ 40 690 GEL
14 LB FLO-SEAL/SK

COMMON	<u>96</u>	@	<u>7.15</u>	<u>686.40</u>
POZMIX	<u>64</u>	@	<u>3.80</u>	<u>243.20</u>
GEL	<u>7</u>	@	<u>10.00</u>	<u>70.00</u>
CHLORIDE		@		
<u>Flo-seal 40*</u>		@	<u>1.40</u>	<u>56.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>167</u>	@	<u>1.15</u>	<u>192.05</u>
MILEAGE	<u>105/sk/mi.</u>			<u>183.70</u>

EQUIPMENT

PUMP TRUCK CEMENTER MARIL

345 HELPER GLEN

BULK TRUCK

282 DRIVER SCOTT

BULK TRUCK

_____ DRIVER _____

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DEC 23 2003

TOTAL 1431.35

REMARKS:

25 SK C 3089

100 SK C 785

10 SK C 40

15 SK C R.H.

10 SK C M.H.

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 630.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 22 @ 3.50 77.00

PLUG 8 5/8 DRYHOLE @ 23.00

_____ @ _____

_____ @ _____

TOTAL 730.00

CHARGE TO: MAI 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 _____