

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

Form ACO-1
September 1999
KANSAS CORPORATION COMMISSION

DEC 24 2003

Operator: License # 5042
 Name: Edmiston Oil Company, Inc.
 Address: 125 N. Market, Suite 1130
 City/State/Zip: Wichita, KS 67202
 Purchaser: N C R A
 Operator Contact Person: Jon M. Callen
 Phone: (316) 265-5241
 Contractor: Name: Pickrell Drilling
 License: 5123
 Wellsite Geologist: Max Lovely

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>10/20/03</u>	<u>10/28/03</u>	<u>12/8/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 095-21853-00-00 CONSERVATION DIVISION
 County: Kingman **ORIGINAL**
 SE - SW _____ Sec. 24 Twp. 29 S. R. 9 East West
 _____ 330 feet from N (circle one) Line of Section
 _____ 3,630 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Miller Well #: 3
 Field Name: Willowdale SE
 Producing Formation: Hertha Limestone
 Elevation: Ground: 1659 Kelly Bushing: 1664
 Total Depth: 4012 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 272 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 *ALL 1/28/03 1:30 PM*
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite:
 Operator Name: Edmiston Oil Company, Inc.
 Lease Name: Hartshorn License No.: 5042
 Quarter NE Sec. 36 Twp. 29 S. R. 9 East West
 County: Kingman Docket No.: D-25,301

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: *Jon M. Callen*
 Title: President Date: 12-23-03
 Subscribed and sworn to before me this 23rd day of December,
2003.
 Notary Public: *Trudy Boyer*
 Date Commission Expires: _____

**TRUDY BOYER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 2/15/05**

KCC Office Use ONLY

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

X

Operator Name: Edmiston Oil Company, Inc. Lease Name: Miller Well #: 3
 Sec. 24 Twp. 29 S. R. 9 East West County: Kingman

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Compensated Density/Neutron</u> <u>Dual Induction</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3308</td> <td>-1652</td> </tr> <tr> <td>Lansing</td> <td>3532</td> <td>-1874</td> </tr> <tr> <td>Stark</td> <td>3902</td> <td>-2244</td> </tr> <tr> <td>Swope</td> <td>3909</td> <td>-2249</td> </tr> <tr> <td>Hushpuckney</td> <td>3939</td> <td>-2272</td> </tr> <tr> <td>Hertha</td> <td>3942</td> <td>-2284</td> </tr> <tr> <td>Total Depth</td> <td>4012</td> <td>-2357</td> </tr> </table>	Name	Top	Datum	Heebner	3308	-1652	Lansing	3532	-1874	Stark	3902	-2244	Swope	3909	-2249	Hushpuckney	3939	-2272	Hertha	3942	-2284	Total Depth	4012	-2357
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Total Depth	4012	-2357																							

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
Surface		8.625		272'	60/40 POZ	225	
Production		5.500		4020'	60/40 POZ	150	

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
24	3951 - 3957	1400 Gal. 15% HCL	

TUBING RECORD		Size <u>2.75"</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>12-8-03</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil Bbls. <u>55</u>	Gas Mcf <u>10</u>	Water Bbls. <u>2</u>	Gas-Oil Ratio	Gravity <u>39</u>

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other *(Specify)* _____

Production Interval _____

DEC 24 2003

ALLIED CEMENTING CO., INC.

13000

Federal Tax I.D.# [REDACTED]

ORIGINAL

REMIT TO: CONSERVATION DIVISION
RUBEN HALLS, KANSAS 67665

SERVICE POINT:
Medford, KS

#149

DATE <i>102703</i>	SEC. <i>24</i>	TWP. <i>29</i>	RANGE <i>9w</i>	CALLED OUT <i>1200</i>	ON LOCATION <i>1500</i>	JOB START <i>1745</i>	JOB FINISH <i>1930</i>
LEASE <i>Miller</i>	WELL # <i>3</i>	LOCATION <i>Zenda, 4N, 1 1/2 E, N/S</i>			COUNTY <i>Kingman</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Pickrell #10*
 TYPE OF JOB *Prod CSG*
 HOLE SIZE *7 7/8* T.D. *4015*
 CASING SIZE *5 1/2* DEPTH *4015*
 TUBING SIZE DEPTH
 DRILL PIPE *4 1/2* DEPTH
 TOOL DEPTH
 PRES. MAX *900* MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT *99 Bbls Freshwater*

OWNER *Edmiston oil*
 CEMENT
 AMOUNT ORDERED *165 x 60:40:2% gel + 10% salt + 5# Kol Seal + 50# Sugar 500 Gal mud-clean*

EQUIPMENT
 PUMP TRUCK CEMENTER *C. Balding*
 # *352* HELPER *D. FELIO*
 BULK TRUCK
 # *242* DRIVER *T. Chantrell*
 BULK TRUCK
 # DRIVER

COMMON	<i>99 A</i>	@	<i>7.15</i>	<i>707.85</i>
POZMIX	<i>666</i>	@	<i>3.80</i>	<i>250.80</i>
GEL	<i>3</i>	@	<i>10.00</i>	<i>30.00</i>
CHLORIDE		@		
<i>Salt-18</i>		@	<i>7.50</i>	<i>135.00</i>
<i>Kol Seal - 825#</i>		@	<i>.50</i>	<i>412.50</i>
<i>Mud Clean 500 gal</i>		@	<i>.75</i>	<i>375.00</i>
<i>Sugar 50#</i>		@	<i>1.00</i>	<i>50.00</i>
HANDLING	<i>213</i>	@	<i>1.15</i>	<i>244.95</i>
MILEAGE	<i>35 x 213 x .05</i>			<i>372.75</i>
TOTAL				<i>2578.85</i>

REMARKS:

SERVICE

Pipe on Bottom, Drop Ball, Break wire, hook up to cement, Pumped 500 gal mud sweep, Plug Rat & mouse, Pumped 150 sy Class A 60:40:2% gel + 10% salt + 5# Kol seal, Bump Plug to 900#, Float lid hold. Rig up & wash up

DEPTH OF JOB	<i>4015'</i>		
PUMP TRUCK CHARGE			<i>11.30.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>35</i>	@	<i>3.50</i> <i>122.50</i>
PLUG		@	
<i>14" landing Joint</i>		@	<i>125.00</i> <i>125.00</i>
TOTAL <i>1.377.50</i>			

CHARGE TO: *Edmiston oil*
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<i>1. Afv float shoe</i>	@	<i>263.00</i>	<i>263.00</i>
	@		
	@		
	@		
	@		
TOTAL <i>263.00</i>			

NOV 6 2003

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 ~~2578.85~~
 DISCOUNT ~~2578.85~~ IF PAID IN 30 DAYS

SIGNATURE *Mike Kern*

Mike Kern
 PRINTED NAME

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

ALLIED CEMENTING CO., INC.

Federal Tax I.D.#

#147
12506

ORIGINAL

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

SERVICE POINT:

Med Lodge

DATE <i>10-20-03</i>	SEC. <i>24</i>	TWP. <i>29</i>	RANGE <i>9W</i>	CALLED OUT <i>6:00 PM</i>	ON LOCATION <i>7:30 PM</i>	JOB START <i>10:15 AM</i>	JOB FINISH <i>10:30 AM</i>
LEASE <i>Miller</i>	WELL # <i>5</i>	LOCATION <i>Zenda</i>			COUNTY <i>Kingman</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)				<i>4 N 1/2 E N/10</i>			

CONTRACTOR *Pickrell #10*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *277*

CASING SIZE *8 7/8 x 2 3/4* DEPTH *273*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15' @ 258*

PERFS. _____

DISPLACEMENT *1 1/2 BBLs Fresh H₂O*

OWNER *Edmiston Oil*

CEMENT AMOUNT ORDERED *225 5x 60.40.2 + 3/6 cc*

EQUIPMENT

PUMP TRUCK # *372* CEMENTER *Justin Hart*
HELPER *Mark Brangard*

BULK TRUCK # *356* DRIVER *Larry Goldberry*

BULK TRUCK # _____ DRIVER _____

COMMON	<i>A 135</i>	@	<i>7.15</i>	<i>965.25</i>
POZMIX	<i>90</i>	@	<i>3.80</i>	<i>342.00</i>
GEL	<i>4</i>	@	<i>10.00</i>	<i>40.00</i>
CHLORIDE	<i>7</i>	@	<i>30.00</i>	<i>210.00</i>
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
HANDLING	<i>236</i>	@	<i>1.15</i>	<i>271.40</i>
MILEAGE	<i>236 X .35</i>	@	<i>.05</i>	<i>413.00</i>
TOTAL				<i>2241.65</i>

REMARKS:

Pipe on BTM Break Circ

3 BBLs Fresh H₂O

225 5x 60.40.2 @ 14.8%

Release Plug

Disp. 1 1/2 BBLs Fresh H₂O

Leaving 15' in CSG @ 258

Shut Head in 200'

Circulated Cement to Pit

SERVICE

DEPTH OF JOB	<i>277</i>		
PUMP TRUCK CHARGE	<i>0-300</i>		<i>520.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>35</i>	@	<i>3.50</i>
PLUG	<i>8 7/8 wood</i>	@	<i>48.00</i>
_____	_____	@	_____
_____	_____	@	_____
TOTAL <i>687.50</i>			

CHARGE TO: *Edmiston Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

OCT 27 2003

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.

TOTAL _____

TAX _____

TOTAL CHARGE ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE *Mike Kern*

Mike Kern
PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING