

**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 # 3473
 Name: William T. Wax
 Address: P.O.Box 276
 City/State/Zip: McCune, KS 66753
 Purchaser: N/A **KANSAS CORPORATION COMMISSION**
 Operator Contact Person: Bill Wax
 Phone: (620) 724-3400
 Contractor: Name: Company Tools
 License: _____
 Wellsite Geologist: Bill Wax
 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>11/21/03</u> | <u>12/26/03</u> | <u>12/26/03</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 037-21580-00-00
 County: Crawford
 NW NE Sec. 23 Twp. 29 S. R. 23 East West
330 feet from S (N) (circle one) Line of Section
2310 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Franklin Well #: 1
 Field Name: Wildcat
 Producing Formation: None - Dry Hole
 Elevation: Ground: 980 Kelly Bushing: 985
 Total Depth: 496 Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at 31 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set N/A Feet
 If Alternate II completion, cement circulated from 31
 feet depth to surface w/ 6 sx cmt.

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Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: JAN 23 2004
 Operator Name: _____
 Lease Name: _____ License No.: Shanute
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

Shanute 2-20-04

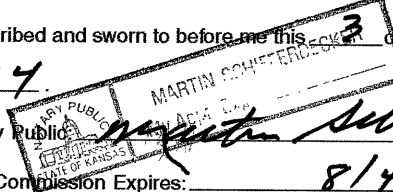
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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 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: _____
 Title: _____ Date: 1/3/04
 Subscribed and sworn to before me this 3 day of Jan
2004
 Notary Public: Martin Scherfbeck
 Date Commission Expires: 8/4/07



KCC Office Use ONLY

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

Operator Name: William T. Wax Lease Name: Franklin Well #: 1
 Sec. 23 Twp. 29 S. R. 23 East West County: Crawford

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:

NONE

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|-------------------|-----|-------|
| Oswego Lime | 30 | +950 |
| Tebo Coal | 275 | +705 |
| Bartlesville Sand | 337 | +643 |
| Mississippi Chert | 490 | +490 |
| RTD | 496 | +484 |

| CASING RECORD <input checked="" 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 | # Sacks Used | Type and Percent Additives |
| Surface | 8-7/8 | 6-5/8 | 12 | 31 | Portland | 6 | ccl 1% |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|--|------------------|----------------|-------------|----------------------------|
| Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| | | | | |
| | | | | |

| 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, Resumerd Production, SWD or Enhr. **NONE - DRY HOLE** 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 Vented Sold Used on Lease (If vented, Submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____



Handwritten note in a circle: C/A 5110 609.00

PHONE: 620-223-2222
223 COMMERCIAL
OSWEGO, KANSAS 67356
ORIGINAL
No 70871

SOLD TO: *D. [unclear]* DEL TO: _____

KANSAS CORPORATION COMMISSION

SALE: CASH REC. REBATE REBATE OTHER CREDIT PAYMENT BASE FEES OTHER SALESMAN _____ DATE: **FEB 02 2004**

| PCS. | DESCRIPTION | FEET | TOTAL FEET | PRICE | AMOUNT | FOR OFFICIAL USE |
|------|----------------------------------|------|------------|-------|--------|------------------|
| | <i>[Handwritten description]</i> | | | | | |
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RECEIVED THE ABOVE IN GOOD CONDITION
JAN 23 2004

Shanute KS