

**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
 Operator Contact Person: Bill Wax
 Phone: (620) 724-3400
 Contractor: Name: Co. Tools
 License: 3473
 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: N/A
 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>7/27/01</u>	<u>7/28/01</u>	<u>7/28/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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JAN 30 2004
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API No. 15 - 037-21546-0000
 County: Crawford
SE NE SE NE Sec. 14 Twp. 31 S. R. 21 East West
3406 feet from S N (circle one) Line of Section
153 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Meyer Well #: 4
 Field Name: Wildcat
 Producing Formation: NONE
 Elevation: Ground: 850 Kelly Bushing: 855
 Total Depth: 225 Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set N/A Feet
 If Alternate II completion, cement circulated from 20
 feet depth to surface w/ 3 sx cmt.

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

Page 2 of 20-04

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: _____
 Subscribed and sworn to before me this 22 day of January
20 04
 Notary Public: Ann Beesley
 Date Commission Expires: 1-3-06

ANN BEESLEY
 Notary Public - State of Kansas
 My Appt. Expires January 3, 2006

KCC Office Use ONLY

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

RECEIVED
 District #3

JAN 23 2004

Chanute, KS

Operator Name: William T Wax Lease Name: Meyer Well #: 4
 Sec. 14 Twp. 31 S. R. 21 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 <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: None	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Blackjack Creek Lime</td> <td>17</td> <td>+833</td> </tr> <tr> <td>Bevier Coal</td> <td>125</td> <td>+725</td> </tr> <tr> <td>Croweburg Shale</td> <td>140</td> <td>+710</td> </tr> <tr> <td>Mineral Coal</td> <td>185</td> <td>+665</td> </tr> <tr> <td>Cattlemen Sand</td> <td>212</td> <td>+638</td> </tr> <tr> <td>RTD</td> <td>225</td> <td>+625</td> </tr> </table>	Name	Top	Datum	Blackjack Creek Lime	17	+833	Bevier Coal	125	+725	Croweburg Shale	140	+710	Mineral Coal	185	+665	Cattlemen Sand	212	+638	RTD	225	+625
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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	7-7/8	5-1/2	12	20	common	3	1% CCL

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. NONE		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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) DRY HOLE

THE **MONARCH**
Cement Company



INVOICE

MANUFACTURERS OF PORTLAND CEMENTS SINCE 1908
PHONE: (316) 473-2222 P.O. BOX 1000 • HUMBOLDT, KANSAS 66748-1000

ORIGINAL

SOLD TO
WAX ENTERPRISES
P O BOX 276
MCCUNE KS 66753-0276

SHIP TO
WAX ENTERPRISES
1049 SOUTH 30TH
MCCUNE KANSAS

"WARNING"
CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER. SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED CONSULT A PHYSICIAN IMMEDIATELY.
KEEP OUT OF REACH OF CHILDREN

SHIPPED FROM	CUST. NO.	OUR ORDER NO.	DISTRICT	FEDERAL I.D. NUMBER	INVOICE DATE	INVOICE NUMBER			
	WAX50M	0296WAX50M	3		2/29/96	018918			
SHIP DATE	B/L NUMBER	CUSTOMER ORDER NUMBER	CAR/TRAILER NUMBER	CARRIER	PRODUCT DESCRIPTION	QUANTITY SHIPPED	UNIT OF MEASURE	PRICE PER UNIT	GROSS AMOUNT
2/22/96	C991			CUST	TYPE I CEMENT	180.00	BAGS	3.77	678.60
2/22/96	C991			CUST	PALLET DEPOSIT ✓	6.00	EACH	10.00	60.00

RECEIVED
KCC WICHITA
JAN 30 2004
729.60
9.00
738.60
FEB 22 1996
3551
2-22-96

PLEASE MAIL YOUR REMITTANCE TO:
THE MONARCH CEMENT COMPANY
P.O. BOX 27-339
KANSAS CITY, MO 64180

PRODUCT TOTAL	\$	738.60
SALES TAX		
INVOICE TOTAL	\$	738.60

DEDUCT A DISCOUNT OF \$ 9.00 IF PAID BY 3/10/96

Past due balances in excess of 30 days will be assessed interest at a rate within the legal maximum and not to exceed 1 1/2% per month (18% annual percentage rate)
This cash discount will be allowed only when all prior invoices have been paid in full.

TO INSURE PROPER CREDIT PLEASE RETURN REMITTANCE COPY WITH PAYMENT.

