

**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>7/20/01</u> | <u>7/23/01</u> | <u>7/23/01</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

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API No. 15 - 037-21545-0000
 County: Crawford
E2 NE SE Sec. 14 Twp. 31 S. R. 21 East West
2064 feet from (S) N (circle one) Line of Section
158 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 #: 3
 Field Name: Wildcat
 Producing Formation: NONE
 Elevation: Ground: 860 Kelly Bushing: 865
 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. 7 District # 3 S. R. _____ East West
 County: _____ Docket No.: _____

Porter 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: *William T Wax*
 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

KCC Office Use ONLY

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

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

X

Operator Name: William T Wax Lease Name: Meyer Well #: 3
 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 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

| <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input checked="" type="checkbox"/> Sample |
|------------------------------|----------------------------------|--|
| Name | Top | Datum |
| Blackjack Creek Lime | 4 | +856 |
| Bevier Coal | 107 | +753 |
| Croweburg Shale | 128 | +732 |
| Mineral Coal | 169 | +691 |
| Cattlemen Sand | 195 | +665 |
| RTD | 225 | +635 |

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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 | | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|--|---|-------|
| | Specify Footage of Each Interval Perforated | | (Amount and Kind of Material Used) | |
| | | | | 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 Open Hole Perf. Dually Comp. Commingled Other (Specify) DRY HOLE

Production Interval _____

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 | | | INV. 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 |

3551
2-22-96
FEB 22 1996
729.60
9.00
738.60

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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

This cash discount will be allowed only when all prior invoices have been paid in full.

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)

TO INSURE PROPER CREDIT PLEASE RETURN REMITTANCE COPY WITH PAYMENT.

