

**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

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JAN 30 2004

KCC WICHITA

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>7/17/01</u>	<u>7/19/01</u>	<u>7/19/01</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 037-21544
County: Crawford
SE NE SE Sec. 14 Twp. 31 S. R. 21 East West
1688 feet from (S) N (circle one) Line of Section
211 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 #: 2

Field Name: Wildcat
Producing Formation: NONE
Elevation: Ground: 853 Kelly Bushing: 858
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 *Patented 2/20/04*
(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: District #3 Docket No.: _____

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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: [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

KCC Office Use ONLY

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

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

X

ORIGINAL

Operator Name: William T Wax Lease Name: Meyer
 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

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Blackjack Creek Lime	2	+851
Bevier Coal	100	+753
Croweburg Shale	120	+733
Mineral Coal	160	+693
Cattlemen Sand	190	+663
RTD	225	+628

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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
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 _____

ORIGINAL

THE **MONARCH**
Cement Company



INVOICE

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

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		48-0340590			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

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

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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)

TO INSURE PROPER CREDIT PLEASE RETURN REMITTANCE COPY WITH PAYMENT.

