

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 6926
Name: Advantage Resources, Inc.
Address: 1775 Sherman Street, Suite 1700
City/State/Zip: Denver, CO 80203
Purchaser: _____
Operator Contact Person: Louis C. Bortz
Phone: (303) 831-1912
Contractor: Name: Pickrell Drilling Company
License: 5123

Wellsite Geologist: Brad Rine
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

12/19/03 12/31/03 12/31/03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 097-21533-00-00
County: Kiowa
NW NW NE Sec. 29 Twp. 28 S. R. 17 East West
330 feet from S (circle one) Line of Section
2310 feet from (circle one) W Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Hofmeister Well #: 1
Field Name: Brenham

Producing Formation: _____
Elevation: Ground: 2228 Kelly Bushing: 2233

Total Depth: 4930 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 463 Feet

Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ ^{wh} _{pad} _____ sx cmt.

Drilling Fluid Management Plan ALL 1 W 4-21-04
(Data must be collected from the Reserve Pit)

Chloride content 66,000 ppm Fluid volume 1200 bbls
Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____
Operator Name: _____

Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

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 on 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: Vice President Date: 3/1/04

Subscribed and sworn to before me this 1st day of March

~~XX~~2004.
Notary Public: [Signature]
Date Commission Expires: November 15, 2004

KCC Office Use ONLY
No Letter of Confidentiality Attached
If Denied. Yes Date: _____
Yes Wireline Log Received
Yes Geologist Report Received
____ UIC Distribution

Operator Name: Advantage Resources, Inc. Lease Name: Hofmeister Well #: 1
 Sec. 29 T. 11 R. 28 East West County: Kiowa

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:

Density-Neutron 3950-4924'
 DIL 463-4925'

Log Sample

Name	Electric Log		Datum
	Tops	Sub-SEA Datum	
Heebner Shale	4096	-1863	
Douglas Shale	4160	-1927	
Brown Lime	4248	-2015	
Lansing	4266	-2033	
Stark Shale	4556	-2323	
B/Kansas City	4646	-2413	
Marmaton	4660	-2427	
Altamont	4702	-2469	
Pawnee	4744	-2511	
Cherokee Shale	4781	-2548	
Miss (Osage)	4820	-2587	
Kinderhook Shale			
Kinderhook Sand	4886	-26953	

CASING RECORD New 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	12-1/4"	8-5/8"	24#	463	Pozmix	135	3% cc

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	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enh.: _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease Open Hole Parl. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION **Production Interval**

(If vented, Sumit ACO-18.)

ORIGINAL

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

SERVICE POINT:
Medicine L.D.G.

DATE 12-19-03	SEC. 29	TWP. 28S	RANGE 17W	CALLED OUT 7:00 AM	ON LOCATION 9:00 AM	JOB START 12:30 PM	JOB FINISH 12:50 PM
LEASE HoF Me: sta	WELL # 1	LOCATION Benham Elevator			COUNTY Kiowa	STATE KS	
OLD OR <u>NEW</u> (Circle one)		1/4W 1 1/2 S 1/2 E S1 T10					

CONTRACTOR Pickrell #10
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 468
 CASING SIZE 8 5/8 DEPTH 463
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 300 PST MINIMUM —
 MEAS. LINE SHOE JOINT 15 FT
 CEMENT LEFT IN CSG. 15 FT
 PERFS.
 DISPLACEMENT Fresh H₂O 27 BBS

OWNER ADVantage Resources

CEMENT
 AMOUNT ORDERED 135 SX 65:35:6 + 3% CC + 1/4# Flo-seal 100 SX 60: 40:2 + 3% CC

EQUIPMENT
 PUMP TRUCK CEMENTER David W.
 # 302 HELPER Dwayne W.
 BULK TRUCK
 # 364 DRIVER Tanner F.
 BULK TRUCK
 # DRIVER

COMMON	<u>60</u>	A @	<u>7.15</u>	<u>429.00</u>
POZMIX	<u>40</u>	@	<u>3.80</u>	<u>152.00</u>
GEL	<u>2</u>	@	<u>10.00</u>	<u>20.00</u>
CHLORIDE	<u>8</u>	@	<u>30.00</u>	<u>240.00</u>
ALW	<u>135</u>	@	<u>6.70</u>	<u>904.50</u>
Flo seal	<u>34</u>	# @	<u>1.40</u>	<u>47.60</u>
		@		
		@		
		@		
HANDLING	<u>253</u>	@	<u>1.15</u>	<u>290.95</u>
MILEAGE	<u>20 x 253</u>	x .05		<u>253.00</u>

RECEIVED

MAR 03 2004

TOTAL 2337.05

REMARKS:

KCC WICHITA SERVICE

Pipe on bottom Break Circ
Pump 135 SX 65:35:6 + 3% CC + 1/4# Flo-seal Pump 100 SX 60:40: 2 + 3% CC Displace w/ Fresh Water slow rate shot in Cement did circulate

DEPTH OF JOB	<u>463</u>			
PUMP TRUCK CHARGE	<u>0-300'</u>			<u>520.00</u>
EXTRA FOOTAGE	<u>163'</u>	@	<u>.50</u>	<u>81.50</u>
MILEAGE	<u>20</u>	@	<u>3.50</u>	<u>70.00</u>
PLUG TWP		@	<u>45.00</u>	<u>45.00</u>
		@		
		@		

TOTAL 716.50

CHARGE TO: ADVantage Resources

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>8 5/8"</u>				
Baffle Plate	@	<u>45.00</u>		<u>45.00</u>
Basket	@	<u>180.00</u>		<u>180.00</u>
	@			
	@			
	@			

TOTAL 225.00

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 ~~2337.05~~
 DISCOUNT ~~2337.05~~ IF PAID IN 30 DAYS

SIGNATURE Mike Kern

SIGNATURE Mike Kern
PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

ORIGINAL

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

SERVICE POINT:
Medicine LG.

DATE 12-31-03	SEC. 29	TWP. 28S	RANGE 17W	CALLED OUT 12:30 P.M.	ON LOCATION 1:45 P.M.	JOB START 3:30 P.M.	JOB FINISH 4:30 P.M.
LEASE/HOFMEISTER WELL # 1		LOCATION Brenham Elevator			COUNTY Kiowa	STATE KS	
OLD OR <u>NEW</u> (Circle one)		1/4W 1 1/2 S 1/2 E 5/16 TO					

CONTRACTOR P. K. Kern # 10

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 1050

TOOL _____ DEPTH _____

PRES. MAX 100 PSI MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT Fresh Water

OWNER Advantage Resources

CEMENT

AMOUNT ORDERED 150x 60:40:6

COMMON	<u>90</u>	A @	<u>7.15</u>	<u>643.50</u>
POZMIX	<u>60</u>	@	<u>3.80</u>	<u>228.00</u>
GEL	<u>8</u>	@	<u>10.00</u>	<u>80.00</u>
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1.15</u>	<u>181.70</u>
MILEAGE	<u>50 x 158 x .05</u>			<u>395.00</u>

RECEIVED

EQUIPMENT

PUMP TRUCK CEMENTER David W.

302 HELPER B. M. Dwyer

BULK TRUCK

363 DRIVER Larry G.

BULK TRUCK

_____ DRIVER _____

TOTAL 1528.20

MAR 03 2004

KCC WICHITA SERVICE

REMARKS:

1st Plug at 1050 FT

Pump w/ Water Mix 50x 60:40:6

Displace w/ 3 BB's, Water + 6 mud

2nd Plug 490 FT Pump 6 BB's

Water Mix 50x 60:40:4 Displace

w/ 2 BB's, Water 15x at 40 FT

15 in Mouse 10x in Ret

15x Water Well Wash up

Rig Down.

DEPTH OF JOB 1050

PUMP TRUCK CHARGE _____ 520.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 50 @ 3.50 175.00

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 695.00

CHARGE TO: Advantage Resources

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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TAX _____

TOTAL CHARGE ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE x Mike Kern

SIGNATURE x Mike Kern

PRINTED NAME

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING