

**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 # 32993
Name: Calumet-Eakin Gas Co., LLC
Address: 2455 E. 51st Street, Suite 101
City/State/Zip: Tulsa, Oklahoma 74105
Purchaser: _____
Operator Contact Person: Mike Graves
Phone: (918) 293-1519
Contractor: Name: Smith Oil Field Services, Inc.
License: 32998
Wellsite Geologist: Richard Langston

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: N/A
Original Comp. Date: N/A Original Total Depth: N/A
 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>11/12/03</u>	<u>11/14/03</u>	<u>1/25/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30445-00-00
County: Montgomery
_____ center SW NE Sec. 36 Twp. 33S S. R. 16 East West
1980 feet from S (N) (circle one) Line of Section
1980 feet from (E) W (circle one) Line of Section

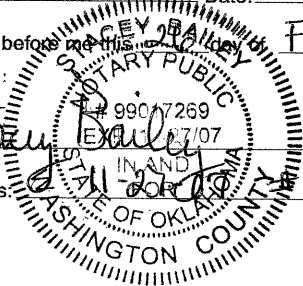
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Holliday Well #: 3
Field Name: Coffeyville/Cherryvale
Producing Formation: Summit/Mulky
Elevation: Ground: 731' Kelly Bushing: _____
Total Depth: 1015 Plug Back Total Depth: 750
Amount of Surface Pipe Set and Cemented at 70' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1015
feet depth to surface w/ 135 sx cmt.

Drilling Fluid Management Plan ALC 02-06-16-04
(Data must be collected from the Reserve Pit)
Chloride content 8000 ppm Fluid volume 800 bbls
Dewatering method used Pit not closed will remove fluid & backfill
Location of fluid disposal if hauled offsite:
Operator Name: Will be hauled by Ricks Well Service to
Lease Name: Smith #1 License No.: 32045
Quarter SE/4 Sec. 33 Twp. 31S S. R. 17 East West
County: Montgomery Docket No.: D-25900

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: Michael L Graves
Title: Michael L. Graves Date: March 8, 2004
Subscribed and sworn to before me this February
20 04
Notary Public: Stacy Bailey
Date Commission Expires: 09/07/07



KCC Office Use ONLY

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

✓

X

ORIGINAL

Operator Name: Calumet-Eakin Gas Co., LLC Lease Name: Holliday Well #: 3
 Sec. 36 Twp. 33S S. R. 16 East West County: Montgomery

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CDNL DISFL/GR GR/CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Oswego</td> <td>420</td> <td>+311</td> </tr> <tr> <td>Summit</td> <td>454</td> <td>+277</td> </tr> <tr> <td>Mulky</td> <td>488</td> <td>+243</td> </tr> <tr> <td>Riverton</td> <td>930</td> <td>-199</td> </tr> <tr> <td>Miss Lm</td> <td>940</td> <td>-209</td> </tr> </table>	Name	Top	Datum	Oswego	420	+311	Summit	454	+277	Mulky	488	+243	Riverton	930	-199	Miss Lm	940	-209
Name	Top	Datum																	
Oswego	420	+311																	
Summit	454	+277																	
Mulky	488	+243																	
Riverton	930	-199																	
Miss Lm	940	-209																	

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CASING RECORD <input 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	# Sacjs Used	Type and Percent Additives
surface casing	11 1/4"	8 5/8"	20#	70'	Class A	77	25 sx gel
production casing	7 7/8"	5 1/2"	15#	1015'	Class A	135	2 gel 1 flo seal

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
4	932' to 934.5'	Acidize w/ 500 gal 15% HCL	932
	set CIBP @ 759'		
4	490'-493' & 455'-458'	Acidize w/ 225 gal 15% HCL	490 & 455
		Sd frac w/ 6287# 20/40 sd	490 & 455

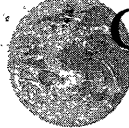
TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	500'	N/A	

Date of First, Resumerd Production, SWD or Enhr. shut-in	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. -0- Gas Mcf 65 Water Bbls. 30 (recovering frac load) Gas-Oil Ratio Gravity

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

METHOD OF COMPLETION 490-493' & 455'-458'

Production Interval _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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 FIELD TICKET

ORIGINAL

TICKET NUMBER 23485

LOCATION Bunkle

DATE 11/13/03	CUSTOMER ACCT # 2530	WELL NAME Holiday #3	QTR/QTR	SECTION 33	TWP 36	RGE 16	COUNTY Mont.	FORMATION
CHARGE TO Calumet				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE		525.00
5402	20 ft	Footage		9.80
1118	25 sks	Gel		245.00
1102	4 sks	Calcium		136.00
1123	5000 gal	city H ₂ O		56.25
		BLENDING & HANDLING		
5407	min	TON-MILES		190.00
		STAND BY TIME		
		MILEAGE		
5501	shw	WATER TRANSPORTS		400.00
		VACUUM TRUCKS		
		FRAC SAND		
1104	77 sks	CEMENT ✓		631.40
			SALES TAX	51.28
			ESTIMATED TOTAL	2302.76

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CUSTOMER or AGENTS SIGNATURE _____

CIS FOREMAN JJ Sandoz

CUSTOMER or AGENT (PLEASE PRINT) _____

DATE _____

187737

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KCC WICHITA

TICKET NUMBER 23384

LOCATION B-ville



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

FIELD TICKET

DATE 11-22-03	CUSTOMER ACCT # 2530	WELL NAME Holiday #3	QTR/QTR	SECTION 33	TWP 36	RGE 16	COUNTY MG	FORMATION
CHARGE TO Calumet				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE		525.00
5402	1015'	Production Casing Casing Footage		142.10
3123	88#	FL		792.00
1128	60#	Lomar A		297.00
1110	27 SKS	Gilsewitz		523.80
1111	650#	Salt		162.50
1111A	135#	Metso		182.25
1118	2 SKS	Gel		23.60
1107	1 SK	FloSeal		37.75
1105	1 SKS	Hulls		12.95
BLENDING & HANDLING				
5407	Min	TON-MILES		190.00
		STAND-BY TIME	Had Plug	-
		MILEAGE		
5501	4	WATER TRANSPORTS		320.00
	4	VACUUM TRUCKS		300.00
		FRAC SAND		
1123	6720 gal	City Water		75.60
1104	135 SKS	CEMENT		1107.00
		SALES TAX		126.54 170.37
ESTIMATED TOTAL				4868.34 4861.92

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

Anthony Carpenter

187931

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MAR 10 2004

KCC WICHITA

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 30988
 LOCATION Beille
 FOREMAN Anthony Carpenter

TREATMENT REPORT

DATE <u>11-22-03</u>	CUSTOMER #	WELL NAME <u>Holiday #3</u>	FORMATION
SECTION <u>33</u>	TOWNSHIP <u>36</u>	RANGE <u>16</u>	COUNTY <u>MG</u>
CUSTOMER <u>Calumet</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
	<u>Tim</u>	<u>418</u>	
777	<u>Don</u>	<u>174</u>	
	<u>Dale</u>	<u>413</u>	
225	<u>Brad</u>	<u>117</u>	

WELL DATA	
HOLE SIZE <u>7 1/8"</u>	PACKER DEPTH
TOTAL DEPTH <u>1016'</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>5 1/2"</u>	OPEN HOLE
CASING DEPTH <u>1015'</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Pumped and got circulation then pumped gel followed by Soap then 10 Bbls water then started Cement, pumped Cement at 13.9 # and then washed up line and pump and dropped plug and displaced to bottom.

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM/PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT <u>400</u>
							MIX PRESSURE <u>200</u>
							MIN PRESSURE <u>100</u>
							ISIP
							15 MIN.
							MAX RATE <u>4.5</u>