

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 147-205830000

County Phillips
100' N SE SE NW Sec. 14 Twp. 02S Rge. 19W XX E

Operator: License # 31514

2210' FNL Feet from S N (circle one) Line of Section
2970' FEL Feet from E W (circle one) Line of Section

Name: Thoroughbred Associates, LLC

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

Address 8100 E. 22nd St. No.

Bldg. 600, Suite F

Lease Name Brockett Well # 1

City/State/Zip Wichita, Kansas 67226

Field Name Kats

Purchaser: _____

Producing Formation LKC

Operator Contact Person: Robert C. Patton

Elevation: Ground 2213' KB 2218'

Phone (316) 685-1512

Total Depth 3580' PBSD _____

Contractor: Name: Shields Drilling Co., Inc.

Amount of Surface Pipe Set and Cemented at 207' KB _____ Feet

License: 5184

Multiple Stage Cementing Collar Used? yes

Wellsite Geologist: Robert C. Patton

If yes, show depth set 1732' Feet

Designate Type of Completion

If Alternate II completion, cement circulated from 1732

XX New Well _____ Re-Entry _____ Workover _____

feet depth to surface w/ 325 sx cmt.

XX Oil _____ SWD _____ SIOW _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan AH-2-9-18-'98 U.C.
(Data must be collected from the Reserve Pit)

If Workover:

Chloride content _____ ppm Fluid volume _____ bbls

Operator: _____

Dewatering method used _____

Well Name: _____

Location of fluid disposal if hauled offsite: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBSD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

11-18-97 _____ 11-25-97 _____ 1-25-98 _____
Spud Date _____ Date Reached TD _____ Completion Date _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

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.

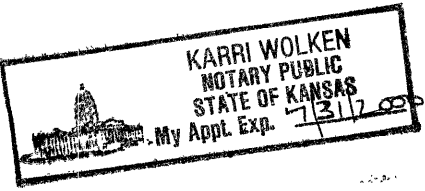
Signature Robert C. Patton

Title Managing Partner Date 09-03-98

Subscribed and sworn to before me this 3rd day of September, 19 98.

Notary Public Karri Wolken
Karri Wolken
Date Commission Expires July 31, 2000

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input type="checkbox"/> NGPA
		<input type="checkbox"/> Other (Specify)



Operator Name **Thoroughbred Associates, LLC** Lease Name **Brockett** Well # **#2**
 East County **Phillips**
 Sec. **14** Twp. **02S** Rge. **19W** West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3311' -1093	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3362' -1144	
		LTD	3580' -1362	
List All E.Logs Run: Radiation Guard Log Sonic Log Frac-Finder Gamma Ray/CCL Correlation Log Geological Report				

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12-1/4"	8-5/8"	28#	207'	60-40 pozmix	150	2% gel, 3% CC
Production		5-1/2"	14.5#	3579'	ASC	175	10% salt. 2% gel
						500 gl WFR2 flush.	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	surf-1732	60/40 pozmix	350	6%gel; 1/4# floseal/sk

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
4	3512-3516, 3437-3439, 3395-3397, 3365-3368	250 gls mud acid; 1000 gls NE	3512-3516
		250 gls MCA; 1000 gls NE	3437-3439
		250 gls MCA; 1000 gls NE	3395-3397

TUBING RECORD		Size 2-3/8"	Set At 3565'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. February 10, 1998			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 10 Bbls.	Gas 30 Mcf	Water 30 Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled 3365-3516'
 METHOD OF COMPLETION Production Interval
 Other (Specify) _____

ALLIED CEMENTING CO., INC.

8822

Federal Tax I.D.# ~~000000000~~

P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT:

Russell
15-147-20583-00-00

DATE <u>11-18-97</u>	SEC. <u>14</u>	TWP. <u>2</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION <u>11 AM</u>	JOB START	JOB FINISH <u>1245 AM</u>
WELL # <u>1</u>	LOCATION <u>Phillipsburg 6W6N2W1N</u>	COUNTY <u>Phillips</u>	STATE <u>Kan</u>				

OLD OR NEW (Circle one)

CONTRACTOR Shields Drlg

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 210

CASING SIZE 8 5/8 DEPTH 207

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT

OWNER _____

CEMENT

AMOUNT ORDERED 150 40 3 20 CC 2 76

COMMON	<u>90</u>	@	<u>6.35</u>	<u>571.50</u>
POZMIX	<u>60</u>	@	<u>3.25</u>	<u>195.00</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING		@	<u>1.05</u>	<u>157.50</u>
MILEAGE	<u>42 / 50 / 100</u>			<u>438.00</u>
				TOTAL <u>1530.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER McAdoo

177 HELPER Jason

BULK TRUCK

160 DRIVER Darin

BULK TRUCK

_____ DRIVER _____

REMARKS:

SERVICE

Cement Drill

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>480.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>73</u>	@	<u>2.05</u>
PLUG	<u>3 5/8 Surf</u>	@	<u>45.00</u>
		@	
		@	
TOTAL <u>733.05</u>			

CHARGE TO: Thoroughbred Assn.

STREET 50 Colonial Court

CITY Wichita STATE Kansas ZIP 67207

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL _____			

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 _____

DISCOUNT _____ IF PAID IN 30 DAYS

ALLIED CEMENTING CO., INC.

9259

Federal Tax I.D.# ~~XXXXXXXXXX~~

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

ORIGINAL 15-147-20583-00-00 Russell

DATE <u>1/25-97</u>	SEC. <u>14</u>	TWP. <u>2</u>	RANGE <u>19</u>	CALLED OUT <u>11:00 AM</u>	ON LOCATION <u>1:00 PM</u>	JOB START	JOB FINISH <u>4:00 PM</u>
LEASE <u>Brackett</u>	WELL # <u>1</u>	LOCATION <u>Pburg-6w 6N</u>			COUNTY <u>Phillips</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Shields DRG
 TYPE OF JOB Prod. CSG.
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 used DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 16
 CEMENT LEFT IN CSG. 16'
 PERFS. _____
 DISPLACEMENT 87 bbls

OWNER _____
 CEMENT AMOUNT ORDERED
175 cu ft 10% Salt 2% Gel
500 gal Flush
 COMMON 175 ASC @ 8.20 1435.00
 POZMIX _____ @ _____
 GEL 3 @ 9.50 28.50
 CHLORIDE _____ @ _____
Salt 17 @ 7.00 119.00
500 gal WFR2 @ 1.00 500.00
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ 105 183.75
 MILEAGE 76 mi @ 04 532.00

EQUIPMENT
 PUMP TRUCK CEMENTER Bill
 # 221 HELPER Ron
 BULK TRUCK
 # 291 DRIVER Will
 BULK TRUCK
 # 160 DRIVER Dakin

TOTAL 2798.25

REMARKS:

SERVICE

pipe set 3579
Band shoe ft. 16
Insert c 3563
pump 500 gal WFR2 cement w/ 175 cu
ASC 10% Salt 2% Gel
pump plug w/ 45 bbls water follow w/ 42 bbls mud
Leak plug c 1600 ft float did hold

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 1080.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 76 mi @ 285 216.60
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 1296.60

CHARGE TO: Thoroughbred Associates
 STREET 10 Colonial Ct.
 CITY Wichita STATE Ks ZIP 67207

FLOAT EQUIPMENT

Weatherford 5 1/2
6-Cent Rotizers @ 56.00 336.00
1-Basket @ 142.00
1-DV Tool @ 3949.00
1 Guide shoe @ 118.00
1 Insect @ 263.00

TOTAL 4858.00

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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Burton Beery

Burton Beery
 PRINTED NAME

ALLIED CEMENTING CO., INC.

9260

Federal Tax I.D.# ~~XXXXXXXXXX~~

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

ORIGINAL

15-147-2058-3-00-00
Russell

DATE <u>11-25-97</u>	SEC <u>14</u>	TWP. <u>2</u>	RANGE <u>19</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>5:34pm</u>
LEASE <u>Brocke #</u>	WELL # <u>1</u>	LOCATION <u>P. burg 6W6N</u>		COUNTY <u>Phillips</u>	STATE <u>Ks</u>		
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Shields Dals

TYPE OF JOB TOP STAGE

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 42886

OWNER _____

CEMENT AMOUNT ORDERED

350 lbs 6 1/4 6 1/2 6 3/4 to #170

COMMON	<u>210</u>	@	<u>6.35</u>	<u>1333.50</u>
POZMIX	<u>140</u>	@	<u>3.25</u>	<u>455.00</u>
GEL	<u>18</u>	@	<u>9.50</u>	<u>171.00</u>
CHLORIDE		@		
<u>Flo Seal</u>	<u>88#</u>	@	<u>1.15</u>	<u>101.20</u>
		@		
		@		
		@		
		@		
HANDLING		@	<u>105</u>	<u>367.50</u>
MILEAGE <u>76m</u>			<u>04</u>	<u>1064.00</u>

TOTAL 3492.20

EQUIPMENT

PUMP TRUCK CEMENTER Bill

221 HELPER

BULK TRUCK

_____ DRIVER

BULK TRUCK

291 DRIVER Darin

REMARKS:

D.V. C 1732

open tool 800#

circulate 30 minutes

Cement w/ 325 lbs 6 1/4 6 1/2 to #170

run plug w/ 42 lbs water

Cement did circulate

15k fat hole 10k mouse hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 580.00

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 580.00

CHARGE TO: Thoroughbred Associates

STREET 10 Colonial Ct

CITY Wichita STATE Ks ZIP 67207

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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 _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Burton Beery

Burton Beery
PRINTED NAME