

KANSAS CORPORATION COMMISSION
CONFIDENTIAL OIL & GAS CONSERVATION DIVISION **ORIGINAL**
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 September 1999
 Form Must Be Typed

Operator: License # 5474
 Name: NORTHERN LIGHTS OIL CO., LC
 Address: P.O. BOX 164
 City/State/Zip: ANDOVER, KS 67002
 Purchaser: _____
 Operator Contact Person: Kurt Smith
 Phone: (316) 733-1515
 Contractor: Name: MALLARD JV
 License: 4958
 Wellsite Geologist: Kurt Smith

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. _____

<u>9-9-04</u>	<u>9-16-04</u>	<u>9-16-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24301-0000
 County: Ness
e/2. nw - nw. Sec. 16 Twp. 17 S. R 22 East West
520 feet from S / (circle one) Line of Section
1160 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: DELBERT Well #: 1
 Field Name: WC
 Producing Formation: _____
 Elevation: Ground: 2325 Kelly Bushing: 2330
 Total Depth: 4415 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 316 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmrt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content 3000 ppm Fluid volume 2000 bbls
 Dewatering method used Evaporate and Backfill
 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 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: MANAGING PARTNER Date: 9-23-2004
 Subscribed and sworn to before me this 23RD day of SEPTEMBER,
2004
 Notary Public: [Signature]

Date Commission Expires: _____


KCC Office Use ONLY

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