NUST-BE TYPES	SIDE ONE ODICINIAL
ETATE CODDODATION COMMISSION OF KANSAS	API NO. 15- 179-05294-0001 URIO AL
OIL E GAS CLINISERVALION DEVICES TO A CONTRACT	County Sheridan E
WELL COMPLETION FORM ACO-1 WELL HISTORY	
DESCRIPTION OF WELL AND LEASE	4290 Feet from S/N (circle one) Line of Section
ator: License #06113	Inc. 2310 Feet from E/W (circle one) Line of Section
Address 1861 N. Rock Road, #205	NE, SE, NO OF SE CETTERE CHE
	Lease Name Bouts Well # 1 SWD
City/State/Zip Wichita, KS 67206	Field Name Adell
chaser:	SOLAR SOLAR Arbuckle
rator Contact Person: BCII WOOd >	S Sevetige Ground No
\ 111	
Phone (316) 683-8080  tractor: Name: Murfin Drilling Co., Inc.	Surface Pipe Set and Cemented at Feet
License: 30606	Multiple Stage Cementing Collar Used? Yes No
lsite Geologist:	If yes, show depth set _DV tool @2207' Feet
ignate Type of Completion	If Alternate II completion, cement circulated from 2207
New Well X Re-Entry Workover	7501 240 sx cmt.
Oil X SWD \$10W Temp. Abd.	Ro-Enter 8-21-1
Dry Other (Core, WSW, Expl., Cathodic,	(Data must be collected from the Reserve Pit)
Workover/Reentry: Old Well Info as follows:	Chloride contentppm Fluid volumebbls
Operator:D.N.M. Oil Co.	
Well Name: Bouts #1	Deviatering method used KANDAS CORPORATION COMMISSION
Comp. Date $2-4-49$ Old Total Depth $3830$ '	Location of fluid disposal if hauled offsite:
Deepening X Re-perf Conv. to Inj/SWD	Operator Name
Plug Back Docket No.	Lease NameLicense NameLicense Name NICHITA KS
Dual Completion Docket No.  X Other (SUD) SEXINGS Docket No. D27,662	WICHITA, KS  Quarter Sec. Twp. S Rng. E/W
3-6-00 3-9-00 3-31-00	Docket No.
d Date	County Bocket No
NOTIFICATIONS: An original and two copies of this form &	shall be filed with the Kansas Corporation Commission, 130 S. Market
Room 2078, Wichita, Kansas 6/202, Within 120 08/8 0	the second of th
2 months if requested in writing and submitted with	the stacked with this form. All CEMENTING TICKETS
ust be attached. Submit CP-4 form with all plugged	Ed Hetto.
the state of the section of the sections of the section o	romulgated to regulate the oil and gas industry have been fully complied
th and the statements herein are complete and correct	I TO THE DEST OF MY MINISTER.
ignature All	K.C.C. OFFICE USE ONLY  F Letter of Confidentiality Attached
tle Jeffrey R. Wood, President Dat	4-11-00 C / Vireline Log Received
bscribed and sworn to before me this 11th day of	
<u>200</u> 0	KCCSWD/RepNGPA
otary Public Turne L harly Vi	icci Lortz KGS Plug Other (Specify)
ate Commission ExpiresJune 12, 2003	
NOTARY PUBLIC - State of Kans	Form ACO-1 (7-91)
VICCI L. LORTZ  My Appt. Exp. 6-12-0:	

f more space is need rill Stem Tests Take (Attach Additional	, bottom hole t ded. Attach c	emperature, fluid rec	overy, and flow r	Log Formation (Top), Depth and Datums  Sample  Top  Datum										
Amples Sent to Geold	ogical Survey	Yes 🖺 No	Name		Top		Datum							
res Taken	-	Yes No	, , , , , , , , , , , , , , , , , , ,		and the state of t									
ectric Log Run (Submit Copy.)		⊠ Yes □ No			The first of the second of the									
	Radiation Bond Log	Guard Log			ang.									
	Report a	CASING RECORD	New 🔼 U		production, et	<b>c.</b>								
rpose 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		8-5/8"		282'	Unknown									
Production		5-1/2"	14#	4268' 6	st stage 0/40 Poz	200	2%gel, 10% : 5#/sx gilso							
		,			nd stage SMDC	240	L/4#/sx floce							
	ADDITIONAL C	EMENTING/SQUEEZE REC	ORD											
rpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives										
Perforate Protect Casing														
Plug Back TD Plug Off Zone		RECORD - Bridge Plu	igs Set/Type	Acid, Fr	acture, Shot, Kind of Mater	Cement Sq ial Used)	ueeze Record Depth							
Plug Off Zone	PERFORATION Specify Footag	e of Each Interval P	CI IVI GLEG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
Plug Off Zone	PERFORATION Specify Footag			3000 gals	15% FE		4384							
Plug Off Zone  thots Per Foot \$ 2 SPF	Specify Footag	4087-8	9''	3000 gals	15% FE salt plugs		4384'							
Plug Off Zone shots Per Foot 2 SPF Total 82'	4029-31	4087-8	91. 116'	3000 gals	salt plugs									
Plug Off Zone  Shots Per Foot  2 SPF  Total 82' perfs)	4029-31 4033-57	4087-8 4093-4	9' 116' 7''	3000 gals w/2-500#	salt plugs 20% FE									
Plug Off Zone  Shots Per Foot  2 SPF  Total 82' perfs)	4029-31 4033-57 4062-68 1	4087-8 4093-4 4122-2 4122-3	9' 116' 7''	3000 gals w/2-500# 8500 gals	salt plugs 20% FE 1 sealers		4384' 4072-4136'							
Plug Off Zone  Shots Per Foot S  2 SPF  Total 82' perfs)	4029-31 4033-57 4062-68 4074-80 Size -3/8" Duol	4087-8 4093-4 4122-2 4122-3 ine	9'' 116' 7' 6! Packer At	3000 gals w/2-500# 8500 gals w/250 bal	salt plugs 20% FE 1 sealers	No	4072-4136							

## SWIFT SERVICES, INC.

PO BOX 466

NESS CITY, 67560-0466

## Invoice

DATE	INVOICE#
3/10/00	2080

BILL TO

Landmark Energy Exploration 1861 N. Rock Rd, Suite #205 Wichita, KS 67206 Kanasa a noonin nerawasa k

APR 1 1 2000

MPGIVIA NOJENVRDEVED 8X JATEROW

i iiaiiK y	you 1	for your bu	isiness.				Total		\$11,286.13
Thank we		Fow years ha				h	) MAR .	2 1 1999 17	
				7422	5				
		Subtotal Sales Tax	MAR	1 4 2000				4.90%	10,919.90 366.23
583D		Scrvice Charge Cer Drayage		EIVED	1	440 1,693.2		1.00 0.75	440.00 1,269.90
276 581D		Flocele	(4) p		0	60		9.50 0.90	2,280.007 54.007
283 <i>-</i> 330	144	Salt Swift Multi-Density		7.0		1,000 240		0.15	150.00
277		Gilsonite				1,000		5.00 0.25	1,000.00° 250.00°
221 326		Liquid KCL 60/40 Pozima (2%)	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			4	*	19.00	76.00
403-5		5 1/2" Cement Bas	ket	•		8 2		40.00	320.00° 220.00°
406-5 402-5		5 1/2" Latch Down 5 1/2" Centralizers	Plug & Baffle			1		200.00	200.00
408-5		5 1/2" D.V. Tool &	Plug Sct			1   1		,200.00 ,800.00	1,200.00° 1,800.00°
575D 579D 405-5		Milage Two-Stage 5 1/2" Formation Page 11/2"				80 1	1	2.00 ,500.00	160.00 1,500.00
PRICE REFERE SWD			DESCRIPTION	N .	QTY		UNIT P	RICE	AMOUNT
Net 30 # 1		naw Bouts	Sheridan	Murfin Drlg	Disposal	Deve	elopment	Roger	Cmt 5 1/3" es
TERMS	Well	No. Lease	Contractor	Well Type	Well	Category	Operator	Job Purpose	

		_		Invoice
much Qil	WELL NO.	SWIFT Service	PA lun	
puch (2)		Bart	JOB TYPE	DATE YOU CY PAGE NO
(BPM)	VOLUME PUM (BBL) (GAL) T	PRESSURE (DOIL	Long Silling	TICKET NO.
1:30		C TUBING CASING	DESCRIPTION	TICKET NO.
		0	DESCRIPTION OF OPERA  A Loc. Ly Changing  Run 5 1/2 Cong	TION AND MATERIALS
		100	D Rig Chinger	7 Curve
			Run 51/2 Com	
			Led Shor and	Cu
		Aric	Les Shoe and har	10.1
		Cea	Les Shoe and Late 1. #4 #6, #8, #10 Bustit on # 57	Tella buffle the
0430		Cient	Bushor	36, 75
		D. C.	C. # 57 E 2207	76
0500		Cia	00 1000	
0549 5	20	1,400 50	Con Bottom Drep B. Op Sacker Shoe 1400 mg	10 set Parl
5		D	Excluse Shoe 1400 puts a 20 21 31/2 RCL Flus 2002 R GO/40 Por 2	Die 1
		1 Cim	3 20 20 BCL 121	1 Cacalare 30 min
,		Mir	2002 R GO/40 Por 2	W 6.01
	16	10%	CD. Fr	10 (3 4)
		Firish	ed pinisonile /5/2	
0610 5 1	04	Re legise	less fort	Dumpt line
2610		Disol	COSSI / Nows Play	
		1500 PI	ed mixing wash out larch down Play 5:0551 H20, 5451 Me	red 1042.0
		Pal	Even do letting	Tronce
2630		Release	frem dryed up	
		Wrop 1	D. U. opening plug	
(30)	-	14100 Open D.	U. tool 1,100ps	
:45 20		Plug K	A truck Circulator	Hole
.50 5		Perma	1055 Ph KCL Pre Flysh	
/33		St. D. M.	JOKCL Pre Flysh	
.03	+++-		mining Belowe Clusing  455' HOW	V. # 1
30	+	1 his hard	mixing Relang Ol	Ou 1-locele
	+	Wisal S	Mixing Helase Clusing	Mug
		Plug down	1 1500 ALT 1 11	
		Release Pre	1 1500 psi holding ss. D.U. closed	
		was a	Rued up IRenil	
		Poe El . 1	Ruel up IRUNK	
		Can by 1.1	to surface	
		Some did	NOT cieculde	
	KINSAS	ECEIVED		
		Marian Contractor		
	AP	PR 1 1 2000		
	! !			
<del>                                     </del>	CONSE	RVATION DIVISION	7.1	
	N	CHITA KS	Them You	
			- Caryu	
			The state of the s	



CHARGE TO:	
Landmark O.1	
ADDRESS ADDRESS	
CITY, STATE, ZIP CODE	

TICKET
Nº 2080

Thank Youl

<b>C</b> -	a dimension		CIT	Y. STATE, ZIP C	CODE			-				<u></u>			
	PAGE 1 OF COUNTY PROPERTY OF COUNTY PAGE 1 OF COUNTY PAGE														
SERVICE LOCATIONS  1. AUCSS CITY	٨.		).	LEASE		COUNTY/PARISH		CITY				DATE	17		
,		TICKET TYPE ICO	NTDACTOR	/ <i>\is</i> o	ut's	Sheriden					- 1			_	
-		SERVICE SALES			/.	RIG NAME/NO.	SHIPPE	1 .				ORDER NO.		Jame	
3.		WELL TYPE		WELL CA	ETEGORY JO	B PURPOSE	<u> C17</u>	Loca WELL BERL	tio1						
4. REFERRAL LOCATION				Des	J. COMUST	CMT. 51/2 Car.		WELL PERM	MII NO.				_	^ L	
MEFERRAL LOCATION		INVOICE INSTRUCT	ONS			3		<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·	L	Sec 9-	6-0	איז	
PRICE			ACC	OUNTING				<del> </del>		`	-	•			
REFERENCE	PART	NUMBER	LOC	ACCT DF		DESCRIPTION		QTY.	U/M	QTY.	ЦАМ			AMOU	JNT
<u>575</u>			1		MILEAGE # 103			2/2	1		<del> </del>	<del> </del>	100	+	الالا
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406					D.U. 1001 4	Plug Sex		L	ودر	5 1/2	111	1,800	<u>B</u>		00
	<del>- ΔF3</del>	1 2000	1		Latch Down	Pluy + Baffle		1	eu	5 1/2	1		200		120
<u>407</u>			l			J		Q					100		
403	人的经济	PATE WEIGH	1							5/3	111	40	<u> </u>		
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LEGAL TERMS: (	Sustomer hereby	/ acknowledges	and agre	ees to	9		SUDV		L	- I UN-	DIS-	T		5,443	120
the terms and cond	itions on the reve	erse side hereòf	which inc	clude.	REMIT PA	YMENT TO:	1.		AGRE	DECIDED	AGREE	PAGE TOTA	AL	10019	190
but are not limited	to, PAYMENT,	RELEASE, IND	EMNITY	, and			WITHOUT BREAKDO	WN?	_					14,7 * 1	i
LIMITED WARRA	NTY provisions.				CVAUET OFF	V.//.O.F.O	MET YOUR NEEDS?								Π
MUST BE SIGNED BY CUS	TOMER OR CUSTOM	ER'S AGENT PRIOR 1	0		SVVIF I SER	RVICES, INC.	PERFORMED WITH	OUT DELAY?			-				1
	,	1.1			P.O. B	OX 466	WE OPERATED THE	EQUIPMENT	1-	1 1			T		
JAH I		/ 2/ J	/				SATISFACTORILY?			1 1	-	TAX		366	123
SIGNED 7	TIME	SIGNED		A.M.			ARE YOU SATISFIED						$\dashv$	<u> </u>	<u>                                     </u>
			<u> </u>	P.M.	785-79	8-2300	E auero					TOTAL		11201	13
		CUSTOMER A	CCEPTAN	ICE OF MATE	RIALS AND SERVICES	The customer bereby sele	LI CUSTO	MER DID NOT	WISH TO	RESPOND				11,200	·
	01	1		APPROVAL		me edeterner fiereby acki	ownedges receipt of the r	naterials and	services	listed on this	ticket.				



PO Box 466

TICKET CONTINUATION

TICKET		
1	2080	

Service	Ne Ne	ess Cit	ty, KS 67.	560		CUSTOMER ,	1					No.	20.	<i>9</i> 0		
PRICE SECONDARY REFERENCE/		1	785-798-2300 ACCOUNTING		<u> </u>	CUSTOMER - ANDMAN		WELL	WELL BOUTS #1					PA	<del></del>	OF 2
336		LOC	ACCT	DF	TIME		DESCRIPTION	QTY.	U/M	QTY.	Uni	U) PR	NIT		AMOU	
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