

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

MAR 17 2003

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE
OIL & GAS CONSERVATION DIVISION
WICHITA, KS

Operator: License # 3167
Name: IGWT, INC.
Address: 150 N. MAIN, SUITE 500
City/State/Zip: WICHITA, KANSAS 67202
Purchaser: _____
Operator Contact Person: KENTON L. HUPP
Phone: (316) 265-5800
Contractor: Name: VAL ENERGY
License: 5822
Wellsite Geologist: CHRIS KNIGHTON

CONFIDENTIAL

API No. 15 - 18720994-00-00
County: STANTON
W/2-NW-SE- Sec. 3 Twp. 27 S. R. 41 East West
1935 feet from (S) N (circle one) Line of Section
2295 feet from (E) W (circle one) Line of Section

ORIGINAL

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: AVA MARIE Well #: 1-3
Field Name: WC
Producing Formation: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abandonment
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)
If Workover/Re-entry: Old Well Info as follows:

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Elevation: Ground: 3322 Kelly Bushing: 3327
Total Depth: 5517 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1690 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 cmt.

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. _____
1-9-03 1-22-03 1-24-03
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan Per a log 3.18.03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ 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 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: Kenton Hupp
Title: PRESIDENT Date: 3/11/03
Subscribed and sworn to before me this 11 day of March, 2003
19_____
Notary Public: Alma Hupp
Date Commission Expires: 1-27-07

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
ALMA HUPP UIC Distribution
Notary Public - State of Kansas
My Appt. Expires 1/27/07

✓

X

Operator Name: IGWT, INC. Lease Name: AVA MARIE Well #: 1-3
 Sec. 3 Twp. 27 S. R. 41 East West County: STANTON

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) YES 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 (Submit Copy) List All E. Logs Run: CDL/CNL/PE DIL/SONIC/MEL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>HEEBNER</td> <td>4643</td> <td>-316</td> </tr> <tr> <td>MORROW SHALE</td> <td>4930</td> <td>-1603</td> </tr> <tr> <td>MISSISSIPPI</td> <td>5393</td> <td>-2066</td> </tr> <tr> <td>TD</td> <td>5517</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	HEEBNER	4643	-316	MORROW SHALE	4930	-1603	MISSISSIPPI	5393	-2066	TD	5517	
Name	Top	Datum														
HEEBNER	4643	-316														
MORROW SHALE	4930	-1603														
MISSISSIPPI	5393	-2066														
TD	5517															

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	12 1/4	8 5/8	23	1690	COMMON/LITE	650	

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

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

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____		



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TREATMENT REPORT

ORIGINAL

MAR 17 2003

Customer ID	Date
Customer IGWT	1-24-03
Lease AVA MARIE	Lease No. 1-3
Well #	
Field Order # 5684	Station LIBERTY
Casing	Depth
County STANTON	State KS
Type Job PTA	Formation
	Legal Description 3-27-41

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	PLUGS		Acid	220 SKS 60/40 P02	RATE	PRESS	ISIP
Depth	Depth	From 2800	To	Pre Pad		Max 4	200	5 Min.
Volume	Volume	From 1720	To	Pad	KCC	Min 4	200	10 Min.
Max Press	Max Press	From 720	To	Frac	MAR 12 2003	Avg 4	200	15 Min.
Well Connection	Annulus Vol.	From 40	To	Flush	CONFIDENTIAL	HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To			Gas Volume		Total Load

Customer Representative: _____ Station Manager: **DERK MORRIS** Treater: **Shaun FREDERICK**

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1430					ON Location
1435					PRE-JOB SAFETY MEETING
1440					RIG UP Pump TRUCK
1550	200	2800 ft	28.5	4	Pump 100 SKS 60/40 P02
1603	200		28	9	SHUT DOWN / Pump DISP W/RIG
1605					PULL D.P.
1655	200	1720 ft	14.5	4	Pump 50 SKS 60/40 P02
1802	200		18	9	SHUT DOWN / Pump Disp W/RIG
1804					PULL D.P.
1810	200	720 ft	11.5	4	Pump 40 SKS 60/40 P02
1815	200		5	9	SHUT DOWN / Pump DISP W/RIG
1817					PULL D.P.
2000	200	surface	3	4	Pump 10 SKS for Surface ✓
2005	200	RAT	4	4	Pump 15 SKS for RAT
2010					JOB complete

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THANKS FOR CALLING ACID SERVICES

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • Phone (620) 672-1201 • Fax (620) 672-5383

White - Accounting • Canary - Customer • Pink - Field Office Taylor Printing, Inc.

D203	220 SKS	60/40 P02	✓		
C320	760 lbs	GEL	✓		
E107	220 SKS	CEMENT SERVICE CHARGE			
E100	1 ea	UNITS 1 ea way MILES 90			
E104	255 TON	TONS MILES 90			
R400	2 hrs	EA. 1 ea PUMP CHARGE			
DISCOUNT TOTAL					3248.85

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CONSERVATION DIVISION
WICHITA, KS

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ORIGINAL

FIELD ORDER 5684



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INVOICE NO. 5684	Subject to Correction		
Date 1-24-03	Lease AVA MARIE	Well # 1-3	Legal 3-27-41
Customer ID	County STANTON	State KS	Station Liberal
CHARGE IGWT	Depth	Formation	Shoe Joint
	Casing	Casing Depth	TD 5517
KCC	Customer Representative	Treater	Job Type PTA NEW WEL
MAR 12 2003	Shawn FREDERICK		

AFE Number	PO Number	Materials Received by
	CONFIDENTIAL	X <i>Jenny Shroy</i>

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D203	220SKS	60/40 P02	✓			
C320	760lbs	GEL	✓			
E107	220SHS	CEMENT SERVICE CHARGE				
E100	1ea	UNITS 1ea way MILES 90				
E104	855TM	TONS MILES 90				
R400	2hrs	EA. 1ea PUMP CHARGE				
		DISCOUNT TOTAL				3,248.85
		PLUS TAX				

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WICHITA, KS

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10244 NE Hiway 61 · P.O. Box 8613 · Pratt, KS 67124-8613 · Phone (620) 672-1201 · Fax (620) 672-5383 TOTAL

ALLIED CEMENTING CO., INC. 11924

Federal Tax I.D.# [REDACTED]

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

CONFIDENTIAL

KCC

SERVICE POINT

ORIGINAL
OARLEY

MAR 12 2003

DATE <u>1-11-03</u>	SEC <u>3</u>	TWP. <u>27S</u>	RANGE <u>41W</u>	CALLED OUT <u>CONFIDENTIAL</u>	ON LOCATION <u>7:00AM</u>	JOB START <u>12:15PM</u>	JOB FINISH <u>1:30PM</u>
LEASE <u>AVA MARIE</u>	WELL # <u>1-3</u>	LOCATION <u>Johnson 10N-1 1/2W-N 44th</u>	COUNTY <u>STANTON</u>	STATE <u>KS</u>			
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR <u>VAL DREL RIG # 1</u>	OWNER <u>SAME</u>
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4"</u> T.D. <u>1693'</u>	CEMENT
CASING SIZE <u>8 5/8"</u> DEPTH <u>1690'</u>	AMOUNT ORDERED <u>150 SKS COM 39% CC</u>
TUBING SIZE _____ DEPTH _____	<u>500 SKS LITE 39% CC 1/4" FLO-SEAL</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>150 SKS</u> @ <u>7.85</u> <u>1177.50</u>
MEAS. LINE _____ SHOE JOINT <u>45.36'</u>	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>45.36'</u>	GEL _____ @ _____
PERFS. _____	CHLORIDE <u>20 SKS</u> @ <u>30.00</u> <u>600.00</u>
DISPLACEMENT <u>104 3/4 BBL.</u>	<u>LITE 500 SKS</u> @ <u>6.95</u> <u>3475.00</u>

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>TERRY</u>
BULK TRUCK # <u>361</u>	HELPER <u>ANDREW</u>
BULK TRUCK # <u>309</u>	DRIVER <u>LOUNEE</u>
	DRIVER <u>JARROD</u>

HANDLING <u>650 SKS</u>	@ <u>1.10</u>	<u>715.00</u>
MILEAGE <u>0.44 PER SK/mile</u>		<u>910.00</u>
		TOTAL <u>7052.50</u>

REMARKS:

CEMENT AEO CIRC ✓

PLUG LANDED

INSERT HELD

THANK YOU

SERVICE

DEPTH OF JOB <u>1690'</u>	
PUMP TRUCK CHARGE _____	<u>1130.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>35 mi</u> @ <u>3.00</u>	<u>105.00</u>
PLUG <u>8 5/8 RUBBER</u> @ _____	<u>100.00</u>
RELEASED FROM _____	
TOTAL <u>1335.00</u>	

CHARGE TO: IGWT INC.

STREET _____

CITY _____ STATE _____ ZIP _____

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FLOAT EQUIPMENT

<u>8 5/8</u>	
<u>1- GUIDE SHOES</u> @ _____	<u>215.00</u>
<u>1- AFU INSERT</u> @ _____	<u>242.00</u>
<u>3- CENTRALIZERS</u> @ <u>33.00</u>	<u>99.00</u>
TOTAL <u>556.00</u>	

MAR 17 2003

To Allied Cementing Co., Inc. CONSERVATION DIVISION
You are hereby requested to rent drilling equipment
and furnish cementer and helper to assist owner or
contractor to do work as indicated. The above work was