

**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 # 5058  
Name: CORSAIR ENERGY, LC  
Address: 914 E. Douglas Ave  
City/State/Zip: Wichita, KS 67202  
Purchaser: NA Water Supply Well  
Operator Contact Person: Jim Collins  
Phone: (316) 267.7779  
Contractor: Name: Murfin Drilling Co., Inc.  
License: 30606  
Wellsite Geologist: NA

Designate Type of Completion:  
New Well X Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_  
Oil SWD SIOW Temp. Abd. \_\_\_\_\_  
Gas ENHR SIGW \_\_\_\_\_  
Dry X Other (Core, WSW, Expl., Cathodic, etc.) \_\_\_\_\_

If Workover/Re-entry: Old Well info as follows:  
Operator: Griggs Oil, Inc.  
Well Name: Trexler #1  
Original Comp. Date 9/27/91 Original: Total Depth 3890  
Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_  
Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
Comingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_

5/19/03 5/21/03 6/16/2003  
Spud Date or Date Reached TD Compl. Date or  
Recompletion Date Recompletion Date Recompletion Date

API No. 15- 1065-22,649-0001  
County: Graham, KS  
~~SESENE~~  
N/2 NW-NW-SE-Sec. 4 Twp. 7S R. 23W East X West  
3040' FSL feet from (S) N (circle one) Line of Section  
400' FEL feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) ~~(SE)~~ NW SW  
Lease Name: Trexler OWWO Well #: 1  
Field Name: Mt. Etna NW  
Producing Formation: LKC J Water Supply  
Elevation: Ground 2375" Kelly Bushing: 2380"  
Total Depth: 3890' Plug Back Total Depth: 3837'  
Amount of Surface Pipe Set and Cemented at 204 FT 212  
Multiple Stage Cementing Collar Used? Yes X No \_\_\_\_\_  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement, circulated from 3890'  
feet depth to 200' w/ 500 sx cmt.

Drilling Fluid Management Plan *Re-work w/ 8.11.03*  
(Data must be collected from the Reserve Pit)  
Chloride content 13,000 ppm Fluid volume 400 bbls  
Dewatering method used Haul free fluids cut windows allow to dry, close.  
Location of fluid disposal if hauled offsite:  
Operator Name Murfin Drilling Co  
Lease Name: Mildrexter #3 SWD License No.: 30606  
Quarter Sec. 6 Twp. 7 S R. 22 W East X West  
County: Graham Docket No.: D-25041

**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 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: *Jim Collins*  
Title: Managing Member Date: 7/23/03

Subscribed and sworn to before me this 23rd day of July

2003  
Notary Public: *Virginia Lee Smith*  
Date Commission Expires: August 25, 2004

**KCC Office Use Only**

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

VIRGINIA LEE SMITH  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appt. Exp. 8/25/04

✓

X

Operator Name: Corsair Energy, LC Lease Name: TREXLER OWWO Well #: 1

Sec. 4 Twp. 7S R. 23W East  West  County: Graham, KS

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressures reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and 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 Logs surveyed. Attach final geological well site report.

<p>Drill Stem Tests Taken <span style="float:right">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span>  <i>(Attach additional Sheets)</i></p> <p>Samples Sent to Geological Survey <span style="float:right">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span></p> <p>Cores Taken <span style="float:right">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span></p> <p>Electric Log Run <span style="float:right">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></span>  <i>(Submit Copy)</i></p> <p>List All E. Logs run:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">X Log</th> <th style="text-align: center;">Formation (Top), Depth and Datum</th> <th style="text-align: center;">Sample</th> </tr> <tr> <td style="text-align: center;">Name:</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Datum</td> </tr> <tr> <td>Heebner</td> <td style="text-align: center;">3612</td> <td style="text-align: center;">-1232</td> </tr> <tr> <td>Toronto</td> <td style="text-align: center;">3638</td> <td style="text-align: center;">-1258</td> </tr> <tr> <td>Lansing</td> <td style="text-align: center;">3654</td> <td style="text-align: center;">-1274</td> </tr> <tr> <td>LKC J</td> <td style="text-align: center;">3807</td> <td style="text-align: center;">-1427</td> </tr> <tr> <td>BKC</td> <td style="text-align: center;">3849</td> <td style="text-align: center;">-1469</td> </tr> </table>	X Log	Formation (Top), Depth and Datum	Sample	Name:	Top	Datum	Heebner	3612	-1232	Toronto	3638	-1258	Lansing	3654	-1274	LKC J	3807	-1427	BKC	3849	-1469
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CASING RECORD <span style="float:right">New <input type="checkbox"/> Used <input checked="" type="checkbox"/></span>							
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"	23#	212'	60/40 poz	170	3%cc, 2% gel
Production	7 7/8"	5 1/2"	15.5#	3886'	ALHD	500	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth	Type of Cement	# Sacks Used	Type and Percent of Additives
<input type="checkbox"/> Perforate	Top Bottom			
<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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
4	LKC J 3726-32 <small>Specify Footage of Each Interval Perforated</small>	1500g 20% Acid <small>(Amount and Kind of Material Used)</small>	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8"	3800'		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method
7/23/2003	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (explain)
Estimated Production Per 24 Hours	Water 300 Bbls      Gas-Oil Ratio      Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease  <small>(If vented, Submit ACO-18.)</small>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Dual Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify)	3726-32
PERFORATIONS		

# ALLIED CEMENTING CO., INC

Federal Tax I.D. [REDACTED]

14721  
**ORIGINAL**

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

SERVICE POINT  
Russell

DATE <u>5/27/03</u>	SEC. <u>4</u>	TWP. <u>7</u>	RANGE <u>23</u>	CALLED OUT <u>11:00 AM</u>	ON LOCATION <u>2:00 PM</u>	JOB START	JOB FINISH <u>6:30 PM</u>
LEASE <u>Trexlen</u>	WELL # <u>oww 0</u>	LOCATION <u>Hill City 8W2W</u>	COUNTY <u>Graham</u>	STATE <u>KN</u>	RECEIVED		
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)							

CONTRACTOR MURKIN #8

TYPE OF JOB S&S CSG. WATER SUPPLY

HOLE SIZE 7 1/2 T.D. 3890

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. 42.10

PERFS.

DISPLACEMENT 93.70

OWNER JUL 25 2003

CEMENT KCC WICHITA

AMOUNT ORDERED 500 LB ALHD

COMMON	<u>500 ALHD</u>	@	<u>12.25</u>	<u>6125.00</u>
POZMIX		@		
GEL		@		
CHLORIDE		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>500</u>	@	<u>1.15</u>	<u>575.00</u>
MILEAGE	<u>54/4</u>	/MILE		<u>1750.00</u>
TOTAL				<u>8425.00</u>

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>Bill</u>
# <u>345</u>	HELPER	<u>Mark</u>
BULK TRUCK		
# <u>362</u>	DRIVER	<u>Glen</u>
BULK TRUCK		
# <u>213</u>	DRIVER	<u>Scott</u>

REMARKS:

SERVICE

Pipe net 3882.56

Shoe Jt. 42.10

Insert 3840.46

Cent w/ 500 lb ALHD

pump plug w/ 93.7 lbs of water

Land 115 @ 15.20

Cent did Circ.

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>1130.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>70</u>	@	<u>35.00</u>
PLUG	<u>S&amp;S Rubber</u>	@	<u>50.00</u>
		@	
		@	
TOTAL <u>1425.00</u>			

CHARGE TO: COB SQUIR Energy, LLC

STREET 914 E Douglas Ave

CITY Wichita STATE KN ZIP 67202

FLOAT EQUIPMENT

10- Centralizers	@	<u>40.00</u>	<u>400.00</u>
5- Baskets	@	<u>142.00</u>	<u>710.00</u>
1 Guide Shoe	@		<u>150.00</u>
1 Insert	@		<u>235.00</u>
	@		
TOTAL <u>1495.00</u>			

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.

SIGNATURE Frank J. Bellini

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME