

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

Operator: License # 5330

Name: Excalibur Production co. Inc.

Address 1016 N Main PO box 278

City/State/Zip McPherson, KS 67460

Purchaser: _____

Operator Contact Person: Dennis Gordley

Phone (316) 242 7156

Contractor: Name: MALLARD J.V.

License: 4958

Wellsite Geologist: TIM PIERCE

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD SIOW Temp. Adv.
- Gas ENHR SIGW
- Dry Other (Core, WSW, Expt., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

12-18-00 12-23-00 1-17-07
 Spud Date Date Reached TD Completion Date

API NO. 15- 159-223840000

County Rice

Sec. 1 Twp. 20 Rge. 7 E W

1320 1443 Feet from SW (circle one) Line of Section

2640 2690 Feet from SW (circle one) Line of Section

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

Lease Name Kimball Well # 1

Field Name _____

Producing Formation Mississippian

Elevation: Ground 1717 KB 1717

Total Depth 3360 PBTD _____

Amount of Surface Pipe Set and Cemented at 243 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.

Drilling Fluid Management Plan Act I within 4/20/06
(Data must be collected from the Reserve Pit)

Chloride content 3,800 ppm Fluid volume 80 bbls

Dewatering method used WATER TRUCK

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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, 200 Colorado Derby Building, 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 Dennis D. Gordley

Title LEASE Farmer Date 3-19-00

Subscribed and sworn to before me this 19th day of March, 2001

Notary Public Juanita M. Flood

Date Commission Expires 5/27/04

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

JUANITA M. FLOOD
State of Kansas
NOTARY PUBLIC
My Appt. Exp. 5/27/04

Operator Name Excalibur Production Co. Inc Lease Name Kimball Well # 1

Sec. 1 Twp. 20 Rge. 7 East West County Rice

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 HEEBNER 2708 - 1011
 Brownline 2805 - 1148
 LANSING 2902 - 1205
 BASE KC 3246 - 1549
 MISSISSIPPI 3348 - 1651

CASING RECORD New 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	23#	243	60/40 Pozmix	160	3% c.c.
Production	7 7/8	5 1/2	15.5&17	3350	60/40 Pozmix	100	18% salt

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
Open hole	3350 to 3360	Fracture 500 bbl sand 20.000 3350 to 3360

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	None		20 BPH		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

TRILOBITE TESTING L.L.C. ORIGINAL

P.O. Box 362 • Hays, Kansas 67601

No 13266

Test Ticket

Well Name & No. <u>Kimball #1</u>	Test No. <u>#1</u>	Date <u>12/23/00</u>
Company <u>Excalbur Production Co, Inc.</u>	Zone Tested <u>Miss.</u>	
Address _____	Elevation <u>1717</u> KB <u>1712</u> GL	
Co. Rep / Geo. <u>Tim Pierce</u>	Cont. <u>Mallard #1</u>	Est. Ft. of Pay _____ Por. _____ %
Location: Sec. <u>1</u> Twp. <u>20s</u> Rge. <u>7^w</u>	Co. <u>Rice</u> State <u>Ks</u>	
No. of Copies <u>5</u>	Distribution Sheet (Y, N) _____	Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested <u>3320' - 3360'</u>	Initial Str Wt./Lbs. <u>45000</u>	Unseated Str Wt./Lbs. <u>45000</u>
Anchor Length <u>40'</u>	Wt. Set Lbs. <u>20000</u>	Wt. Pulled Loose/Lbs. <u>50000</u>
Top Packer Depth <u>3315'</u>	Tool Weight <u>2100</u>	
Bottom Packer Depth <u>3320'</u>	Hole Size — <u>7 7/8"</u> ✓	Rubber Size — <u>6 3/4"</u> ✓
Total Depth <u>3360</u>	Wt. Pipe Run <u>N/A</u>	Drill Collar Run <u>242.71</u>
Mud Wt. <u>9.3</u> LCM <u>0^{IF}</u> Vis. <u>50</u> WL <u>11.6</u>	Drill Pipe Size <u>4 1/2 XH</u>	Ft. Run <u>3118.59</u>

Blow Description IF: Weak blow built to b.o.b in 5 mins.
ISI: Bled down for 5 mins. No blow back.
FF: Strong blow b.o.b in 10 sec.
ISI: Bled down for 2 mins. No blow back.

Recovery — Total Feet <u>30'</u>	GIP <u>1514'</u>	Ft. in DC <u>30'</u>	Ft. in DP _____
Rec. <u>30'</u> Feet Of <u>1/36cm</u>	<u>2</u> %gas	%oil	%water <u>98%</u> mud
Rec. <u>1514</u> Feet Of <u>Gas In pipe</u>	%gas	%oil	%water %mud
Rec. _____ Feet Of _____	%gas	%oil	%water %mud
Rec. _____ Feet Of _____	%gas	%oil	%water %mud
Rec. _____ Feet Of _____	%gas	%oil	%water %mud

BHT 101° °F Gravity _____ °API D@ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides 3800 ppm System

	AK-1	Alpine	PSI Recorder No.	T-On Location
(A) Initial Hydrostatic Mud	<u>1769</u>	<u>1730</u>	<u>2350</u>	<u>0320</u>
(B) First Initial Flow Pressure	<u>97</u>	<u>23</u>	PSI (depth) <u>3320'</u>	T-Started <u>0406</u>
(C) First Final Flow Pressure	<u>86</u>	<u>22</u>	PSI Recorder No. <u>13805</u>	T-Open <u>0540</u>
(D) Initial Shut-In Pressure	<u>911</u>	<u>850</u>	PSI (depth) <u>3357'</u>	T-Pulled <u>0840</u>
(E) Second Initial Flow Pressure	<u>1180</u>	<u>18</u>	PSI Recorder No. _____	T-Out <u>0945</u>
(F) Second Final Flow Pressure	<u>86</u>	<u>25</u>	PSI (depth) _____	T-Off Location <u>1000</u>
(G) Final Shut-in Pressure	<u>900</u>	<u>828</u>	PSI Initial Opening <u>45</u>	Test <u>✓</u>
(Q) Final Hydrostatic Mud	<u>1780</u>	<u>1586</u>	PSI Initial Shut-in <u>45</u>	Jars _____
			Final Flow <u>45</u>	Safety Joint _____
			Final Shut-in <u>45</u>	Straddle _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By Tim Pierce

Our Representative Darren S. Amersino

Elec. Rec. ✓
 Mileage 83
 Other _____
 TOTAL PRICE \$ _____

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

No 13266

Test Ticket

Well Name & No. <u>Kimball #1</u>	Test No. <u>#1</u>	Date <u>12/23/00</u>
Company <u>Excalibur Production Co, Inc.</u>	Zone Tested <u>M.55.</u>	
Address _____	Elevation <u>1717</u>	KB <u>1712</u> GL
Co. Rep / Geo. <u>Tim Pierce</u>	Cont. <u>Mallard #1</u>	Est. Ft. of Pay _____ Por. _____ %
Location: Sec. <u>1</u>	Twp. <u>20s</u>	Rge. <u>7^w</u> Co. <u>Rice</u> State <u>Ks</u>
No. of Copies <u>5</u>	Distribution Sheet (Y, N) <u>-</u>	Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested <u>3320' - 3360'</u>	Initial Str Wt./Lbs. <u>45000</u>	Unseated Str Wt./Lbs. <u>45000</u>
Anchor Length <u>40'</u>	Wt. Set Lbs. <u>20000</u>	Wt. Pulled Loose/Lbs. <u>50000</u>
Top Packer Depth <u>3315'</u>	Tool Weight <u>2100</u>	
Bottom Packer Depth <u>3320'</u>	Hole Size — 7 7/8" <input checked="" type="checkbox"/>	Rubber Size — 6 3/4" <input checked="" type="checkbox"/>
Total Depth <u>3360</u>	Wt. Pipe Run <u>N/A</u>	Drill Collar Run <u>242.71</u>
Mud Wt. <u>9.3</u> LCM <u>Off</u> Vis. <u>50</u> WL <u>11.6</u>	Drill Pipe Size <u>4 1/2 X H</u>	Ft. Run <u>3118.59</u>

Blow Description FF: Weak blow built to b.o.b in 5 mins.
TSI: Bled down for 5 mins. No blow back.
FF: Strong blow b.o.b in 10 sec.
FSI: Bled down for 2 mins. No blow back.

Recovery — Total Feet <u>30'</u>	GIP <u>1514'</u>	Ft. in DC <u>30'</u>	Ft. in DP _____
Rec. <u>30'</u> Feet Of <u>VS6cm</u>	<u>2</u> %gas	%oil _____	%water <u>98</u> %mud
Rec. <u>1514</u> Feet Of <u>Gas In pipe</u>	%gas _____	%oil _____	%water _____ %mud
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud
Rec. _____ Feet Of _____	%gas _____	%oil _____	%water _____ %mud
BHT <u>101°</u>	°F Gravity _____	°API D@ _____	°F Corrected Gravity _____ °API _____
RW _____ @ _____ °F	Chlorides _____ ppm	Recovery _____ Chlorides <u>3800</u> ppm	System _____

	AK-1	Alpine	PSI Recorder No.	T-On Location
(A) Initial Hydrostatic Mud	<u>1769</u>	<u>1738</u>	<u>2350</u>	<u>0320</u>
(B) First Initial Flow Pressure	<u>97</u>	<u>23</u>	(depth) <u>3328'</u>	T-Started <u>0406</u>
(C) First Final Flow Pressure	<u>86</u>	<u>22</u>	PSI Recorder No. <u>13805</u>	T-Open <u>0540</u>
(D) Initial Shut-In Pressure	<u>911</u>	<u>850</u>	(depth) <u>3357'</u>	T-Pulled <u>0840</u>
(E) Second Initial Flow Pressure	<u>1186</u>	<u>18</u>	PSI Recorder No. _____	T-Out <u>0945</u>
(F) Second Final Flow Pressure	<u>86</u>	<u>25</u>	(depth) _____	T-Off Location <u>1000</u>
(G) Final Shut-in Pressure	<u>900</u>	<u>828</u>	PSI Initial Opening <u>45</u>	Test <input checked="" type="checkbox"/>
(Q) Final Hydrostatic Mud	<u>1780</u>	<u>1586</u>	PSI Initial Shut-in <u>45</u>	Jars _____
			Final Flow <u>45</u>	Safety Joint _____
			Final Shut-in <u>45</u>	Straddle _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By Tim Pierce
 Our Representative Darren S. Amerino

Circ. Sub _____
 Sampler _____
 Extra Packer _____
 Elec. Rec.
 Mileage 83
 Other _____
 TOTAL PRICE \$ _____