

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 3473
Name: William T. Wax
Address: P. O. Box 276
City/State/Zip: McCune, KS 66753
Purchaser: N/A
Operator Contact Person: Bill Wax
Phone: (620) 724-3400
Contractor: Name: Co. Tools

API No. 15 - 021-20249-00-00
County: Cherokee
 N2 NW Sec. 26 Twp. 32 S. R. 23 East West
660' FNL feet from S (N) (circle one) Line of Section
1320' FWL feet from E (W) (circle one) Line of Section

License: _____
Wellsite Geologist: _____

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Freeman Well #: 1

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

Field Name: Wildcat
Producing Formation: None

If Workover/Re-entry: Old Well Info as follows:
Operator: N/A

Elevation: Ground: 880' Kelly Bushing: _____
Total Depth: 341' Plug Back Total Depth: N/A

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____

Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set N/A Feet

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. _____

If Alternate II completion, cement circulated from 20'
feet depth to surface w/ 4 _____ sx cmt.
Alt II PFA water 4/12/06

<u>12/26/01</u>	<u>01/05/02</u>	<u>01/15/02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: William T. Wax

Title: _____ Date: 3/9/06

Subscribed and sworn to before me this 9th day of March, 2006.

Notary Public: Kathleen Stewart

Date Commission Expires: _____

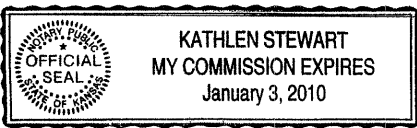
KCC Office Use ONLY

NO Letter of Confidentiality Received
If Denied, Yes Date: _____

NO Wireline Log Received

NO Geologist Report Received

NO UIC Distribution



Operator Name: William T. Wax Lease Name: Freeman Well #: 1
 Sec. 26 Twp. 32 S. R. 23 East West County: Cherokee

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">NONE</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Miss Chat</td> <td>262'</td> <td>+618'</td> </tr> </table>	Name	Top	Datum	Miss Chat	262'	+618'
Name	Top	Datum					
Miss Chat	262'	+618'					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface	8-7/8"	6-1/2"	12#	20'	portland	4	1% CCL

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____ <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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RECEIVED
MAR 13 2006
KCC WICHITA

THE **MONARCH**
Cement Company



INVOICE

MANUFACTURERS OF PORTLAND CEMENTS

SINCE 1908

PHONE: (316) 473-2222

P.O. BOX 1000 • HUMBOLDT, KANSAS 66748-1000

SOLD TO

WAX ENTERPRISES
P O BOX 276
MCCUNE KS 66753-0276

SHIP TO

WAX ENTERPRISES
1049 SOUTH 30TH
MCCUNE KANSAS

"WARNING"

CONTAINS CALCIUM HYDROXIDE WHEN MIXED WITH WATER. SKIN AREAS THAT COME INTO CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING, SHOULD BE WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR POSSIBLE THIRD DEGREE BURNS REACHING DEEP TISSUES WITH LITTLE WARNING. BODY PERSPIRATION OR MOISTURE MAY CAUSE HYDRATION OF DRY CEMENT ALSO RESULTING IN BURNS. IF IRRITATION BEGINS TO INCREASE SEE A PHYSICIAN IMMEDIATELY. IF PORTLAND CEMENT OR A MIXTURE CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND SEEK PROMPT MEDICAL ATTENTION. IF INGESTED CONSULT A PHYSICIAN IMMEDIATELY.

KEEP OUT OF REACH OF CHILDREN

SHIPPED FROM	CUST. NO.	OUR ORDER NO.	DISTRICT		FEDERAL I.D. NUMBER		INV. DATE	INVOICE NUMBER	
	WAX50M	0301WAX50M	3		48-0340590		2/29/01	018918	
SHIP DATE	B/L NUMBER	CUSTOMER ORDER NUMBER	CAR/TRAILER NUMBER	CARRIER	PRODUCT DESCRIPTION	QUANTITY SHIPPED	UNIT OF MEASURE	PRICE PER UNIT	GROSS AMOUNT
2/22/01	C991			CUST	TYPE I CEMENT	180.00	BAGS	3.77	678.60
2/22/01	C991			CUST	PALLET DEPOSIT	6.00	EACH	10.00	60.00

PAID
3551
2-22

729.60
9.00

738.60

RECEIVED
MAR 13 2006
KCC WICHITA

PLEASE MAIL YOUR REMITTANCE TO:
THE MONARCH CEMENT COMPANY
P.O. BOX 27-339
KANSAS CITY, MO 64180

PRODUCT TOTAL	\$	738.60
SALES TAX		
INVOICE TOTAL	\$	738.60

DEDUCT A DISCOUNT OF \$ 9.00 IF PAID BY 3/10/01

This cash discount will be allowed only when all prior invoices have been paid in full.

Past due balances in excess of 30 days will be assessed interest at a rate within the legal maximum and not to exceed 1 1/2% per month (18% annual percentage rate)

TO INSURE PROPER CREDIT PLEASE RETURN REMITTANCE COPY WITH PAYMENT.

