

**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

Operator: License # 31747
 Name: W.M. BROOKS
 Address: 409 Sherwood Drive
 City/State/Zip: Moore, OK 73160
 Purchaser: _____
 Operator Contact Person: Lee Brooks
 Phone: (405) 799-7901
 Contractor: Name: Discovery Drilling Co., Inc.
 License: 31548
 Wellsite Geologist: Bob Lewellyn

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

If Workover/Re-entry: Old Well Info as follows:
 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. _____
8/4/03 8/8/03 8/9/03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 009-24,760-00-00
 County: Barton
NW NW SE Sec. 16 Twp. 18 S. R. 11W East West
2310 feet from (S) (circle one) Line of Section
2310 feet from (E) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Kaiser Well #: 1
 Field Name: Ames
 Producing Formation: None
 Elevation: Ground: 1795 Kelly Bushing: 1803
 Total Depth: 3390 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 349 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to ACT I PER WITHIN 5-15-06 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 14,000 ppm Fluid volume 240 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.: _____

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DEC 03 2003
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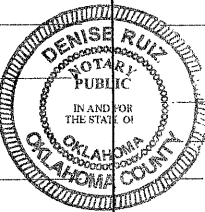
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: W.M. Brooks
 Title: _____ Date: 12-1-03
 Subscribed and sworn to before me this 1 day of Dec.
2003
 Notary Public: Denise Ruiz
 Date Commission Expires: _____

KCC Office Use ONLY

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



COMM: 03008987
EXP. JUNE 13, 2007

✓

X

Operator Name: W.M. BROOKS Lease Name: KAISER Well #: 1
 Sec. 16 Twp. 18 S. R. 11W East West County: Barton

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 <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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

CASING RECORD <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface Pipe	12 1/4	8 5/8	23	349	Common	215	2%Gel&3%CC

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, Resumed 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 Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

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

Production Interval _____

ALLIED CEMENTING CO., INC. 14963

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT:
Russell

DATE <u>12/10/03</u>	SEC. <u>16</u>	TWP. <u>15</u>	RANGE <u>11</u>	CALLED OUT <u>1:00 PM</u>	ON LOCATION <u>4:00 PM</u>	JOB START	JOB FINISH <u>3:30 PM</u>
LEASE <u>Ruison</u>	WELL # <u>1</u>	LOCATION <u>Clifton 25</u>		COUNTY <u>Butler</u>	STATE <u>Ks</u>		

OLD OR NEW (Circle one)

CONTRACTOR Discovery #2 OWNER _____

TYPE OF JOB Plus

HOLE SIZE 7.5 T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4.5 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED
145 cu yd 6440 690 gel to #110

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

EQUIPMENT

PUMP TRUCK # <u>3</u>	CEMENTER <u>Bill</u>	HELPER <u>Shane</u>
BULK TRUCK # <u>362</u>	DRIVER <u>Rufus</u>	
BULK TRUCK # _____	DRIVER _____	

TOTAL _____

REMARKS:

1st Plus C 3350 w/ 25 lbs
2nd Plus C 650 w/ 25 lbs
3rd Plus C 400 w/ 60 lbs
4th Plus C 400 w/ 10 lbs
100 lbs RL
150 lbs RL

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE _____ @ _____	
PLUG / <u>1 1/2" 1000</u> _____ @ _____	
_____ @ _____	
_____ @ _____	

TOTAL _____

CHARGE TO: Discovery Drilling

STREET _____

CITY _____ STATE _____ ZIP _____

W.M. Brooks

FLOAT EQUIPMENT

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Thomas Allen

PRINTED NAME Thomas Allen

RECEIVED
 DEC 17 2003
 KCC WICHITA

ALLIED CEMENTING CO., INC.

15914

Federal Tax I.D. [REDACTED]

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

SERVICE POINT:
Grant 13

RECEIVED
DEC 17 2003
KCC WICHITA

DATE <u>8-4-03</u>	SEC. <u>12</u>	TWP. <u>13</u>	RANGE <u>11</u>	CALLED O.F. <u>7:00 pm</u>	ON LOCATION <u>7:00 pm</u>	JOB START <u>7:00 pm</u>	JOB FINISH <u>9:30 pm</u>
LEASE <u>Kaiser</u>	WELL # <u>1</u>	LOCATION <u>Grant 13</u>			COUNTY <u>Grant</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				Hole 14' x 14' (2) 4' x 4'			

CONTRACTOR <u>[REDACTED]</u>	OWNER <u>W. M. [REDACTED]</u>
TYPE OF JOB _____	CEMENT _____
HOLE SIZE <u>13 1/2"</u>	AMOUNT ORDERED <u>175</u>
CASING SIZE <u>8 1/2"</u>	DEPTH <u>350'</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
NEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. _____	COMMON _____ @ _____
PERFS. _____	POZMIX _____ @ _____
DISPLACEMENT <u>61.7 CCB</u>	GEL _____ @ _____
EQUIPMENT _____	CHLORIDE _____ @ _____
PUMP TRUCK CEMENTER <u>2 Jack</u>	_____ @ _____
# <u>132</u> HELPER <u>T.O.</u>	_____ @ _____
BULK TRUCK _____	HANDLING _____ @ _____
# <u>112</u> DRIVER <u>Dave</u>	MILEAGE _____ @ _____
BULK TRUCK _____	TOTAL _____
# _____ DRIVER _____	

REMARKS:
 From 11/11 - 8/13/03 - cement pipe
 1/2" x 1/2" - 1/2" x 1/2" - 1/2" x 1/2"
 2 1/2" x 1/2" - 1/2" x 1/2"
 (sid (circulate))
 Thanks

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE _____ @ _____	
PLUG <u>1-1/2" x 1/2"</u> @ _____	
_____ @ _____	
TOTAL _____	

CHARGE TO W. M. [REDACTED]
 STREET 401 [REDACTED] Drive
 CITY Mane STATE OKA ZIP 73160
Charge to Discovery Only

FLOAT EQUIPMENT

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
TOTAL _____	

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.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Thomas Alm

PRINTED NAME Thomas Alm