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AUG 01 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

15-051-02232-00-03

ORIGINAL

Operator: License # 09346
 Name: Diehl Oil, Inc.
 Address: P. O. Box 234
 City/State/Zip: Hays, KS 67601-0234
 Purchaser: _____
 Operator Contact Person: Glenn D. Diehl
 Phone: (785) 625-6711
 Contractor Name: Express Well Service
 License: 6426
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ New Well _____ Re-Entry Workover
 _____ Oil SWD _____ SIOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Kaiser-Francis
 Well Name: Peavey "D" #1 SWD
rework
 Original ~~Comp.~~ Date: 9/10/73 Original Total Depth: 875'
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 _____ Plug Back 875' Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. D-17,045
5/14/04 _____ N/A _____ 5/18/04
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date

API No. 15 - ~~051-02232-00-02~~
 County: Ellis
 _____ NW-NW-SW Sec. 19 Twp. 11 S. R. 17 East West
 _____ 2,310 feet from N (circle one) Line of Section
 _____ 4,950 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Peavey "D" Well #: 1
 Field Name: Bemis-Shutts
 Producing Formation: Cedar Hills
 Elevation: Ground: 1,866 Kelly Bushing: DF 1,869
 Total Depth: _____ Plug Back Total Depth: 875'
 Amount of Surface Pipe Set and Cemented at 1,130' 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.
ACT I WRM 5-16-08

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: _____
 Title: President Date: 7/28/05
 Subscribed and sworn to before me this 28th day of July,
2005.
 Notary Public: Barbara G. Tebow
 Date Commission Expires: 02/02/2008

NOTARY PUBLIC - State of Kansas
BARBARA G. TEBOW
 My Appt. Expires 02/02/2008

KCC Office Use ONLY
 _____ Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

ORIGINAL

Operator Name: Diehl Oil, Inc. Lease Name: Peavey "D" Well #: 1
Sec. 19 Twp. 11 S. R. 17 East West County: Ellis

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 (Attach Additional Sheets)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy)
List All E. Logs Run:
Log Formation (Top), Depth and Datum
Sample Name Top Datum

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CASING RECORD
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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

ADDITIONAL CEMENTING / SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated
Table with columns: Shots Per Foot, Footage, Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used), Depth

TUBING RECORD
2-3/8" dualine Set At 751 Packer At 720 Liner Run Yes No
Date of First, Resumerd Production, SWD or Enhr. 5/18/04
Producing Method Flowing Pumping Gas Lift Other (Explain)
Estimated Production Per 24 Hours Oil Bbbs. Gas Mcf Water Bbbs. Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION
disposal Production Interval Cedar Hills
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify)



CHARGE TO: Diehl Oil Co
 ADDRESS:
 CITY, STATE, ZIP CODE: Hays 16

TICKET No 6764
 PAGE 1 OF 1

1. SERVICE LOCATIONS Hays 16	WELL/PROJECT NO. D-1	LEASE Peavey	COUNTY/PARISH Ellis	STATE KS	CITY	DATE 5-14-04	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. Express	SHIPPED VIA 105	DELIVERED TO N.E. Hays 16	ORDER NO.	
3.	WELL TYPE Disposal	WELL CATEGORY workover	JOB PURPOSE Liner	WELL PERMIT NO.		WELL LOCATION	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

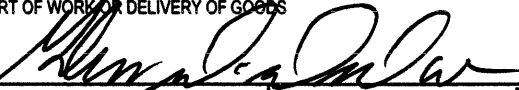
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE 105	30		mi		2.50	75.00
577					Pump charge	1		EA			750.00
410					SW Plug	1		EA	5 1/2 in		50.00
325					STD Cement	150		SKS		7.25	1087.50
581					Bulk Seines	150					150.00
583					Drainage	211		SO	T.M.	85	179.78

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ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X 
 DATE SIGNED: 5-14-04
 TIME SIGNED: 6:00
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2292	28
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	121	49
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	2413	77
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: Lem
 APPROVAL:

Thank You!

