

ORIGINAL

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

Operator: License # 33517
Name: Kansas Production EQR, LLC
Address: 15425 North Freeway, Suite 230
City/State/Zip: Houston, Texas 77090
Purchaser: Southern Star
Operator Contact Person: Jeff Stevenson
Phone: (281) 875-6200
Contractor: Name: Bart Lorenz
License: 33286
Wellsite Geologist: None

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

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. _____

<u>9/14/2005</u>	<u>9/15/2005</u>	<u>Shut-In</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30810 - 0000
County: Montgomery
NW SW Sec. 3 Twp. 33 S. R. 15 East West
2210 feet from (S) / N (circle one) Line of Section
465 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Laughlin Well #: 1-3
Field Name: Jefferson-Sycamore

Producing Formation: Riverton
Elevation: Ground: 792 Kelly Bushing: 0
Total Depth: 1112 Plug Back Total Depth: 1108
Amount of Surface Pipe Set and Cemented at 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1108
feet depth to Surface w/ 120 sx cmt.

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: _____ License No.: _____
Lease Name: _____
Quarter _____ Sec. _____ S. R. _____ East West
County: _____ Docket No.: _____

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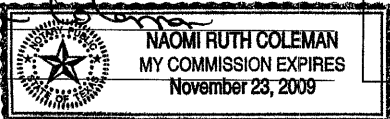
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jeff Stevenson
Title: Operations Manager Date: 7-19-06

Subscribed and sworn to before me this 19 day of July,
20 06.

Notary Public: Naomi Ruth Coleman
Date Commission Expires: 11-23-09



KCC Office Use ONLY

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

Operator Name: Kansas Production EQR, LLC Lease Name: Laughlin Well #: 1-3
 Sec. 3 Twp. 33 S. R. 15 East West County: Montgomery

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

List All E. Logs Run:

GR-CDL-CNL-DIL
Cement Bond

CASING RECORD <input 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	11"	8 5/8"	20#	22	Portland	5	Neat
Production	6 3/4"	4 1/2"	10.5#	1108	CI "A"	120	1/4# flocele; 2% gel
							10# gilsonite

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

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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" 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)				
Shut-In						
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, Submit ACO-18.)*

METHOD OF COMPLETION

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

Production Interval

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 4001
 LOCATION Burke
 FOREMAN Loop

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-05	2620	Laughlin #1-3	3	33	15	Monk
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Energy Quest			418	Tim		
MAILING ADDRESS			460	Chris		
CITY			451 728	Rennie		
STATE						
ZIP CODE						

JOB TYPE L.S. HOLE SIZE 6 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 11.6#
 CASING DEPTH 1108 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
 DISPLACEMENT 12.25 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Pumped 4hrs gel in hole ahead Est circulation, pumped 125lbs cement, flushed pump & lines, displaced plug to bottom set shoe, shut in.
 -Circulated cement to surface-

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Long string		765.00
5406	50	MILEAGE		150.00
5402	1108	Footage		172.28
5407	1	Bulk Truck		240.00
5501L	3hr	Transport		279.00
1104	125lbs	Cement		1218.25
1105	1lb	Cotton seed hulls		14.50
1107	1lb	Flo Seal		42.35
1110	25lbs	bentonite		546.25
1111	250#	salt		70.00
1118B	9lbs	gel		59.67
1123	5400.1	Coly. Water		165.88
4404	1	2 1/2 Rubber Plug		38.00
			SALES TAX	108.96
			ESTIMATED TOTAL	\$3726.04

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AUTHORIZATION _____ TITLE _____ DATE _____