

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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FROM

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

CONFIDENTIAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Operator: License # 4767
Name: Moore Heirs C Ritchie Exploration, Inc.
Address: PO Box 783188
City/State/Zip: Wichita, KS 67278-3188
Purchaser: NCRA
Operator Contact Person: John Niemberger
Phone: (316) 691-9500
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

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JUL 22 2003

KGG WICHITA

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: American Warrior
Well Name: Moore 1-30
Original Comp. Date: 3-94 Original Total Depth: 4421'
 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. _____

4/5/03 4/15/03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-23799-00-02
County: Ness
____ SE ____ NE ____ SE Sec. 30 Twp. 19 S. R. 21 East West
1650 feet from (S) N (circle one) Line of Section
4950 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Moore Heirs C Well #: 1
Field Name: Schaben

Producing Formation: Osage

Elevation: Ground: 2297' Kelly Bushing: 2302'

Total Depth: 4437' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 309' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1508' Feet

If Alternate II completion, cement circulated from 1508'

feet depth to surface w/ 200 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: _____

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: Production Manager Date: 7/21/03

Subscribed and sworn to before me this 21st day of July

2003

Notary Public: Karen Hopper

Date Commission Expires: _____

KAREN HOPPER
Notary Public - State of Kansas
My Appt. Expires 10/27/03

KCC Office Use ONLY

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

Operator Name: Moore Heirs C Lease Name: Moore Heirs C Well #: 1
 Sec. 30 Twp. 19 S. R. 21 East West County: Ness

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)
 List All E. Logs Run:

Dual Spaced Neutron

Name	Top	Datum
Heebner	3768'	-1466'
L/KC		-1516
Ft. Scott		-2019
Mississippian Osage		-2110

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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	# Sacjs Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"		309'		180	
Production	7 7/8"	5 1/2"	15.5#	4416'		75	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
3	4417.2'-4420.2' 4422.2'-4424.2 (Miss Osage OH perf)	250 gals 15% MCA, 250 gals 7.5% INS	
	4327'-4330' (Ft. Scott)	250 gal 15% INS DSFE	
	4424.2' - 4437' (Miss Osage OH)	none	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	4403'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
4/15/03			<input type="checkbox"/> Flowing <input checked="" 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
	9		67		

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 _____