

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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 6819
Name: Scott's Well Service
Address: P. O. Box 136
City/State/Zip: Roxbury, Kansas 67476
Purchaser: _____
Operator Contact Person: Jay Scott
Phone: (785) 254-7828
Contractor: Name: C & G Drilling
License: #32701

ORIGINAL

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: _____
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. _____

10-26-05	10-30-05	11-23-05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 113-21301-00-00
County: McPherson
NE - SW - SW - _____ Sec. 16 Twp. 17 S. R. 1 East West
990' _____ feet from (S) N (circle one) Line of Section
890' _____ feet from E (W) (circle one) Line of Section

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

Producing Formation: Mississippi
Elevation: Ground: 1302' Kelly Bushing: 1310'
Total Depth: 2685' Plug Back Total Depth: 2650'
Amount of Surface Pipe Set and Cemented at 250 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 WHM 7-5-06

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: Jay Scott
Title: partner Date: 6-26-06
Subscribed and sworn to before me this 26 day of June,
2006
Notary Public: Carol Decker
Date Commission Expires: 8-15-07

NOTARY PUBLIC STATE OF KANSAS
CAROL DECKER
MY APPT. EXP. 8-15-07

KCC Office Use ONLY

No Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Scott's Well Service Lease Name: Everhart Well #: 1
 Sec. 16 Twp. 17 S. R. 1 East West County: McPherson

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:

Log Formation (Top), Depth and Datum Sample

Name Top Datum
 Mississippi 2616' KB 1302

ORIGINAL

CASING RECORD New 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	10 3/4	8 5/8	22#	250'		180	
production	7 7/8	5 1/2	15 1/2	2685		110	

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				

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2616-20	none

TUBING RECORD

Size 2 7/8 Set At 2616 Packer At _____ Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
3			150		

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION

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

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WELL COMPLETION FORM
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Purchaser:
Operator Contact Person: Jay Scott
Phone: (785) 254-7828
Contractor: Name: C & G Drilling
License: 32701
Wellsite Geologist: Jim Dilts

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:
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.

10-26-05 10-30-05 11-23-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 113-21301-00-00
County: McPherson
Sec. 16 Twp. 17 S. R. 1 East West
990' feet from S / N (circle one) Line of Section
890' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
ORIGINAL SE NW SW
Lease Name: Everhart Well #: 1
Field Name: Henne

Producing Formation: Mississippi
Elevation: Ground: 1302 Kelly Bushing: 1310
Total Depth: 2685 Plug Back Total Depth: 2646 KB
Amount of Surface Pipe Set and Cemented at 250 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.

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.:

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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: Jay Scott
Title: partner Date: 2-15-06
Subscribed and sworn to before me this 15 day of February, 2006.
Notary Public: Carol Decker
Date Commission Expires: 8-15-07

NOTARY PUBLIC STATE OF KANSAS
CAROL DECKER
MY APPT. EXP. 8-7-07

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

Side Two

Operator Name: Scott's Well Service Lease Name: Everhart Well #: 1
 Sec. 16 Twp. 17 S. R. 1 East West County: McPherson

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippi	2616 1310 KB
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

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	10 3/4	8 5/8	22	250		185	
production	7 7/8	5 1/2	15.5	2683		110	

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				

ORIGINAL

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
2	2616-20	250 gallons 7 1/2% acid	2616-20

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>2620</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>
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Estimated Production Per 24 Hours	<u>Oil</u> Bbls. <u>3</u>	Gas Mcf	<u>Water</u> Bbls. <u>140</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i>	

ALLIED CEMENTING CO., INC.

22583

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT:

DATE <u>10-27-05</u>	SEC. <u>16</u>	TWP. <u>17</u>	RANGE <u>1</u>	10-26	10-27-05	1st Bend
LEASE <u>Everhart</u>				WELL # <u>1</u>	LOCATION <u>Roxbury 1W, 1N, 1/4 E N/S</u>	COUNTY <u>McPherson</u> STATE <u>Ks</u>
OLD OR <u>NEW</u> (Circle one)						

CONTRACTOR C + G Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 251'

CASING SIZE 8 5/8" 24" DEPTH 251'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 15 bbls

OWNER Same

CEMENT AMOUNT ORDERED 1165 Common

32cc, 220ml

EQUIPMENT

PUMP TRUCK CEMENTER Tim D

181 HELPER Rick H

BULK TRUCK DRIVER Brandon R.

342 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

COMMON	<u>168ml</u>	@	<u>8.70</u>	<u>1,435.50</u>
POZMIX	_____	@	_____	_____
GEL	<u>3 ml</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>5 ml</u>	@	<u>38.00</u>	<u>190.00</u>
ASC	_____	@	_____	_____

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HANDLING	<u>173 ml</u>	@	<u>1.60</u>	<u>276.80</u>
MILEAGE	<u>193 ml @ 72</u>	@	_____	<u>747.36</u>

TOTAL 2691.66

REMARKS:

Ran 251' of 8 5/8" csg. Broke circulation
Mixed 1165 lbs Common 32cc, 220ml
Released Plug & Displaced with fresh
H₂O
Cement did circulate

SERVICE

DEPTH OF JOB	<u>251'</u>			
PUMP TRUCK CHARGE	_____			<u>670.00</u>
EXTRA FOOTAGE	_____	@	_____	_____
MILEAGE	<u>72</u>	@	<u>5.00</u>	<u>360.00</u>
MANIFOLD	_____	@	_____	_____

TOTAL 1030.00

CHARGE TO: Scotts Well Service

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

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

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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.

SIGNATURE X [Signature]

X Robby R. Johnson
PRINTED NAME

ALLIED CEMENTING CO., INC. 18453

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT:

Great Bend

DATE <i>10-29-05</i>	SEC. <i>16</i>	TWP. <i>17</i>	RANGE <i>1W</i>	CALLED OUT <i>2:30 AM</i>	ON LOCATION <i>4:00 AM</i>	JOB START <i>8:30 AM</i>	JOB FINISH <i>1:00 PM</i>
LEASE <i>Everhart</i>	WELL # <i>1</i>	LOCATION <i>North of McPherson to Roxbury exit - 9 1/2 E to Ave 26 - 1 North - 1/4 East #1/5</i>			COUNTY <i>McPherson</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR *C & C Drilling Co.*

TYPE OF JOB *Production log*

HOLE SIZE *7 7/8* T.D. *2685*

CASING SIZE *5 1/2* DEPTH *2684*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *- 25'*

CEMENT LEFT IN CSG. *approx 25'*

PERFS.

DISPLACEMENT

OWNER *Scotts Well Service*

CEMENT

AMOUNT ORDERED *125 sy A.S.C. + 500 gal flush*

COMMON	@		
POZMIX	@		
GEL	<i>2 set</i>	@	<i>14.00 28.00</i>
CHLORIDE	@		
ASC	<i>125</i>	@	<i>10.75 1343.75</i>
SALT	<i>8 set</i>	@	<i>15.75 126.00</i>
ASF	<i>500</i>	@	<i>1.00 500.00</i>
	@		
	@		
	@		
	@		
	@		
HANDLING	<i>135</i>	@	<i>1.60 216.00</i>
MILEAGE	<i>72.6</i>	@	<i>1.25 90.75</i>
TOTAL			<i>2796.95</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Tack*

120 HELPER *T.D.*

BULK TRUCK

342 DRIVER *Brandon*

BULK TRUCK

DRIVER

REMARKS:

Run 64 lbs of 5 1/2 asg - circa 30 min with mud - Hook up to asg & mix 110 sy cement - after 10 B31's & flush - Displace plug with 1331's water.

Thanks

CHARGE TO: *Scotts Well Service*

STREET *P.O. Box 136*

CITY *Roxbury* STATE *Ks.* ZIP *67474*

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<i>1320.00</i>
EXTRA FOOTAGE	@		
MILEAGE	<i>72</i>	@	<i>5.00 360.00</i>
	@		
	@		
	@		
TOTAL			<i>1680.00</i>

PLUG & FLOAT EQUIPMENT

MANIFOLD	@		
<i>1-5 1/2 insert</i>	@		<i>235.00</i>
<i>1-5 1/2 Guide shoe</i>	@		<i>160.00</i>
<i>3-5 1/2 centralizers</i>	@	<i>50.00</i>	<i>150.00</i>
	@		
TOTAL			<i>545.00</i>

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KCC WICHITA

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *Jay Scott*

Jay Scott
PRINTED NAME