

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM *AMENDED*
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 8914
Name: H & C Oil Operating, Inc.
Address: P.O. Box 86
City/State/Zip: Plainville, KS 67663
Purchaser: _____
Operator Contact Person: Charles R. Ramsay
Phone: (785) 434-7434
Contractor: Name: Chito's Well Service
License: 32028
Wellsite Geologist: None
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: Continental Oil Co.
Well Name: Yohe #1
Original Comp. Date: 4/8/1949 Original Total Depth: 3509
____ 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. _____
11/11/05 12/01/05 12/02/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 163-00230-00-01
County: Rooks
____ SE ____ NE Sec. 4 Twp. 9S S. R. 18 East West
2970 feet from N (circle one) Line of Section
330 feet from W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Love Well #: 4
Field Name: Yohe
Producing Formation: _____
Elevation: Ground: 2007 est Kelly Bushing: 2007
Total Depth: 1191 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 207 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 II P&A WITH 7-12-06
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: Charles R. Ramsay
Title: President Date: 12/12/05
Subscribed and sworn to before me this 10th day of July
2006
Notary Public: Irene Zellhoefer
Date Commission Expires: 4/4/07

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

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KCC WICHITA

NOTARY PUBLIC - State of Kansas
IRENE ZELHAEFER
My Appl. Expires
4/4/07

Operator Name: H & C Oil Operating, Inc. Lease Name: Love Well #: 4
 Sec. 4 Twp. 9S S. R. 18 East West County: Rooks

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 type="checkbox"/> Yes <input checked="" 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
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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	# Sacks Used	Type and Percent Additives
<u>SURFACE</u>		<u>13"</u>		<u>207</u>			
<u>PRODUCTION</u>		<u>7"</u>		<u>3428</u>			

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

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, Submit ACO-18.)*

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

Production Interval _____

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ALLIED CEMENTING CO., INC. 23519

Federal Tax I.D.# ~~XXXXXXXXXX~~

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

SERVICE POINT:

Russell

DATE <u>12-2-05</u>	SEC. <u>4</u>	TWP. <u>9</u>	RANGE <u>18</u>	CALLED OUT	ON LOCATION <u>1000AM</u>	JOB START <u>12:00PM</u>	JOB FINISH <u>1:45PM</u>
LEASE <u>Long</u>	WELL# <u>4</u>	LOCATION <u>Plainville 1/2 1/2 N</u>			COUNTY <u>Rooks</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			Windo				

CONTRACTOR Chitas OWNER _____

TYPE OF JOB Plus

HOLE SIZE _____ T.D. _____	CEMENT _____
CASING SIZE _____ DEPTH _____	AMOUNT ORDERED <u>150 sks 60/40 10% Gel</u>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>90</u> @ <u>8.70</u> <u>783.00</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX <u>60</u> @ <u>4.70</u> <u>282.00</u>
CEMENT LEFT IN CSG. _____	GEL <u>10</u> @ <u>1.40</u> <u>14.00</u>
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER <u>Steve</u>
<u>366</u> HELPER <u>Craig</u>
BULK TRUCK
<u>378</u> DRIVER <u>Jody</u>
BULK TRUCK
_____ DRIVER _____

REMARKS:

1st Plus @ 1191 25sks 1 1 Hull
2nd " 815 75sks 1 2 Hulls
3rd " 748 50sks 1 1 Hull 1
Circulated Cement
Tap off

Thank You

CHARGE TO: H3C Oil

STREET _____

CITY _____ STATE _____ ZIP _____

HANDLING <u>160</u>	@ <u>1.60</u>	<u>256.00</u>
MILEAGE <u>64/sk/mile</u>		<u>480.00</u>
TOTAL		<u>1941.00</u>

SERVICE

DEPTH OF JOB _____		
PUMP TRUCK CHARGE _____		<u>670.00</u>
EXTRA FOOTAGE _____ @ _____		
MILEAGE <u>50</u> @ <u>5.00</u>		<u>250.00</u>
MANIFOLD _____ @ _____		
TOTAL		<u>920.00</u>

PLUG & FLOAT EQUIPMENT

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

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KCC WICHITA

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 Herman [Signature]

PRINTED NAME _____