

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 # 32219
Name: Production Maintenance Service
Address: 3922 CR 1250
City/State/Zip: Coffeyville, KS 67337
Purchaser: Kansas Processing EQR, LLC
Operator Contact Person: Mike McClenning
Phone: (620) 948-3727 or 620-988-0042
Contractor: Name: L&S Well Service LLC
License: _____
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. _____

2/6/2006	2/7/2006	2/15/2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30877-00-00
County: Montgomery
NE/4 SW/4 SE/4 Sec. 32 Twp. 33 S. R. 16 East West
990' feet from S / N (circle one) Line of Section
1650' feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Pitts Well #: 3
Field Name: Jefferson-Sycamore
Producing Formation: Riverton Coal
Elevation: Ground: 800 Kelly Bushing: _____
Total Depth: 1187' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 40' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1187'
feet depth to 0 w/ 140 sx cmt.
ALT II WITHIN 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.

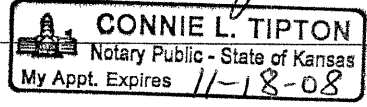
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: Owner/Operator Date: 7/10/2006

Subscribed and sworn to before me this 10 day of July

2006
Notary Public: [Signature]

Date Commission Expires: _____



KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
YES Wireline Log Received
NO Geologist Report Received
NO UIC Distribution

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Operator Name: Production Maintenance Service Lease Name: Pitts Well #: 33S
 Sec. 32 Twp. 33 S. R. 16 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" 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 type="checkbox"/> No	Oswego Lime	630 +170
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mississippian	1135 -335

List All E. Logs Run:
CD\NL, DIL, GR\NCB\VDL

ORIGINAL

CASING RECORD <input checked="" 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	23	40'	Portland	8	none
Production	6 3/4"	4.5"	10.5	1180	Portland	140	2%gel, 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
4spf	1121-26	acid ball off 500 hcl	1121-26

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TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1130		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First Resumerd Production, SWD or Enhr. 8/1/2006	Producing Method
	<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
	0	20	100		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(if vented, Submit ACO-18.) Other (Specify)

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER **06748**
 LOCATION **BV**
 FOREMAN **Jeff Graham**

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-06	6236	Pitts #3	32	33	16	MG
CUSTOMER: Production Maint.						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #		DRIVER		TRUCK #		DRIVER
419		Michael				
402/787		Donnie				
428		Jason D				
460		Lucas				

JOB TYPE **LS** HOLE SIZE **6 3/4** HOLE DEPTH **1188** CASING SIZE & WEIGHT **4 1/2 10.5 #**
 CASING DEPTH **1180** DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT **13.9** SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING **0**
 DISPLACEMENT **18.8** DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: **Washed down 8' of 4 1/2 casing - ran gel + circulated to surface to help clear hole - pumped 140 sk cement - shut down - washed out lines + pump - dropped plug - displaced to bottom of set - shut in -**

CIRC. cmt. to surface ORIGINAL

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5451	1	PUMP CHARGE LONGSTRING		800.00
5456	45 m	MILEAGE		141.75
5407A	7.62 tons	BULK TRK		360.05
5501c	3 1/2 hr	TRANSPORT		343.00
5502c	3 1/2 hr	80 VAC		315.00
1104	140 sk	Cement		1435.00
1110	28 sk	GILSONITE		642.60
1111	300 #	SALT		87.00
1118B	9 sk	GEL-50 #		63.00
1107	2 sk	FLO SEAL		89.80
1105	1 sk	HULLS		15.25
1123	5000 GAL	CITY H2O		64.00
4404	1 ea	4 1/2" rubber plug		40.00
5402	1180'	FOOTAGE		200.60

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SALES TAX **15**
 ESTIMATED TOTAL **4726.00**

202907

AUTHORIZATION _____ TITLE _____ DATE _____