

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33097
Name: Southern Star Central Gas Pipeline
Address: 4700 Hwy. 56 P. O. Box 20010
City/State/Zip: Owensboro, Kentucky 42304-0010
Purchaser: _____
Operator Contact Person: D. Mark Rouse
Phone: (270) 852-4490
Contractor: Name: Consolidated Oilwell Services Inc.
License: 31440
Wellsite Geologist: _____

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

If Workover/Re-entry: Old Well Info as follows:
Operator: Southern Star Central Gas Pipeline

Well Name: North Welda # 6
Original Comp. Date: 2/23/1928 Original Total Depth: 944'
____ 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. ran 4.5" liner

<u>9/3/2004</u>	<u>9/3/2004</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-003-19430-00-01
County: Anderson
SW - SW - NW - SE Sec. 27 Twp. 21 S. R. 19 East West
1624 feet from S N (circle one) Line of Section
2427 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: North Welda Gas Storage Well #: 6
Field Name: North Welda Gas Storage
Producing Formation: Colony Sandstone
Elevation: Ground: 1070' Kelly Bushing: _____
Total Depth: 944' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ 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 WITHIN 7-17-06

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.: _____

RECEIVED
FEB 6 2006
KCC WICHITA

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: D. Mark Rouse
Title: Staff Geologist Date: 1/31/2006
Subscribed and sworn to before me this 31st day of January,
20 06.
Notary Public: Elenabeth A. Morris
Date Commission Expires: 7/29/06

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

Operator Name: Southern Star Central Gas Pipeline Lease Name: North Welda Gas Storage Well #: 6
 Sec. 21 Twp. 21 S. R. 19 East West County: Anderson

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

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	NA						
production	9"	7"	20	842'	Class A	NA	
liner	inside 7" casing	4.5"	10.5#	830'	OWC	93	

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 (Amount and Kind of Material Used)	Depth

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

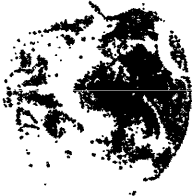
Date of First, Resumerd Production, SWD or Enhr.	Producing Method
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

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

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Solid Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify)

**RECEIVED
 FEB 06 2006
 KCC WICHITA**



RECEIVED
 JUL 14 2006
 KCC WICHITA

Page 1

INVOICE DATE	INVOICE NO.
07/10/06	00192585

S
 O
 L
 D
 T
 O

SOUTHERN STAFF CENTRAL
 19209 S.W. MARYLAND ROAD BX 552
 WELLS 45 66392

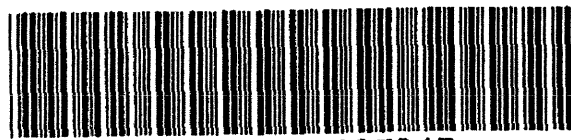
TERMS: Net 30 Days
 A Finance Charge computed at 1%
 per month (annual percentage rate of
 12%) will be added to balances over
 30 days.

3007 W. WASHINGTON ST. CHICAGO IL 60674

NW#6

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.		
7610	0961	30	NORTH WELLS 6	07/03/2006	1260		
ITEM NUMBER	DESCRIPTION			UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
5301	CEMENT PUMPER			1.0000	710.0000	EA	710.00
540	MILEAGE CHARGE			35.0000	2.3500	EA	82.25
5407	BULK CEMENT DELIVERY (MIN BULK DEL			1.0000	225.0000	EA	225.00
55720	80 VACUUM TRUCK (CEMENT)			1.0000	78.0000	HR	78.00
1038	SILT SUSPENDER 55-630,ESA-90,ESA 41			1.0000	31.5000	EA	31.50
1126	OIL WELL CEMENT			93.0000	11.8500	EA	1102.05
4124	CENTRALIZER 4 1/2"			5.0000	26.0000	EA	130.00
4251	TYPE A PACKER SHOE 4 1/2"			1.0000	920.0000	EA	920.00
4302	CLAMP 4 1/2"			1.0000	85.0000	EA	85.00



SSC000000037247

ROSS INVOICE
 441.60

TAX
 149.93

ORIGINAL INVOICE

PLEASE PAY