

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 # 31385
Name: MG Oil, Inc.
Address: P. O. Box 162
City/State/Zip: Russell, Kansas 67665-0162
Purchaser: NCRA
Operator Contact Person: Terry W. Piesker
Phone: (785) 735-4363
Contractor: Name: -
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: Same

Original Comp. Date: 1/82 Original Total Depth: 3365'

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. E-23,267

11/28/81 12/81 03-01-03
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 051-22,722-0001
County: Ellis
NW NW NW Sec. 26 Twp. 11 S. R. 16 East West
4950 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: Bowlby "A" Well #: 2

Field Name: Chrisler East
Producing Formation: Topeka, Toronto, Lan./KC
Elevation: Ground: 1731 Kelly Bushing: 1736

Total Depth: 3401 Plug Back Total Depth: 3365

Amount of Surface Pipe Set and Cemented at 895 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.

ATI WAM 7-11-03

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: **RECEIVED**

Operator Name: _____ **FEB 28 2003**

Lease Name: _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

KCC WICHITA

KCC
4/3
8-07-06

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: President Date: 2-19-03

Subscribed and sworn to before me this 19 day of February, 2003.

Notary Public: [Signature]

Date Commission Expires: 9-4-2005

INA E. PETTY
Notary Public - State of Kansas
My Appt. Expires 9-4-2005

KCC Office Use ONLY

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

✓

X

Operator Name: MG Oil, Inc. Lease Name: Bowlby "A" Well #: 2
 Sec. 26 Twp. 11 S. R. 16 East West County: Ellis

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:
Cased Hole Gamma Ray/Neutron

| Name | Top | Datum |
|-------------------|------|-------|
| Topeka | 2658 | -922 |
| Häebner | 2902 | -1166 |
| Lansing/Kansas C. | 2950 | -1214 |
| Base of LKC | 3196 | -1460 |
| Arbuckle | 3344 | -1608 |

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 | # Sacs Used | Type and Percent Additives |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|-------------|----------------------------|
| Surface | 12 1/4" | 8 5/8" | 23# | 895' | Poz. | 400 | 6% Gel |
| Long St. | 7 7/8" | 4 1/2" | 10.5# | 3400' | Com. | 175 | |

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) | |
| | 2689' to 2693' 2878' to 2882' | 3000 Gal., 15% AOG | |
| | 2923' to 2925' 2979' to 2983' | 500 Gal., 15% MA 4000 Gal., 15% AOG | |
| | 3037' to 3039' 3086' to 3089' | | |
| | 3106' to 3109' | 3000 Gal., 15% AOG | |
| | 3127' to 3130' | | |

| TUBING RECORD | | Packer At | Liner Run |
|-----------------------|--------|-----------|---|
| Size | Set At | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2 3/8" Durolined Tub. | | 2650' | |

| Date of First, Resumerd Production, SWD or Enhr. | Producing Method | | | | |
|--|----------------------------------|----------------------------------|-----------------------------------|---|---------|
| March 1st, 2003 | <input type="checkbox"/> Flowing | <input type="checkbox"/> Pumping | <input type="checkbox"/> Gas Lift | <input checked="" type="checkbox"/> Other (Explain) Inj. Well | |
| 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, Sumit ACO-18.)

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

Production Interval _____