

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5920
 Name: TE-PE OIL & GAS
 Address: P.O. BOX 522
 City/State/Zip: CANTON, KANSAS 67428
 Purchaser: _____
 Operator Contact Person: TERRY P BANDY
 Phone: (620) 628-4428
 Contractor: Name: CYCLONE WELL SERVICE, INC.
 License: 3038
 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: HOMER G. KREHBIEL, SR./KREHBIEL OIL
 Well Name: LOVETT #1
 Original Comp. Date: 10-29-91 Original Total Depth: 2984
 _____ 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. E09781
 7/11/05 _____ 7/15/05 _____
 Spud Date or _____ Date Reached TD _____ Completion Date or _____
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 113-21.234 - 00 - 01
 County: MCPHERSON
 _____ S/2 _____ S/2 _____ NW Sec. 13 Twp. 19 S. R. 02 East West
2231 feet from S / (circle one) Line of Section
1371 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 _____ (circle one) NE SE NW SW
 Lease Name: LOVETT B Well #: 1
 Field Name: RITZ-CANTON
 Producing Formation: MISSISSIPPIAN
 Elevation: Ground: 1570 Kelly Bushing: 1578
 Total Depth: 2984 Plug Back Total Depth: 2974
 Amount of Surface Pipe Set and Cemented at 212 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 *Worensen*
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used NO PITS USED
 Location of fluid disposal if hauled offsite:
 Operator Name: NO FLUID DISPOSED
 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: Terry P. Bandy
 OPERATOR Date: 2/22/06
 Subscribed and sworn to before me this 22nd day of February,
 2006
 Notary Public: Cynthia G. Beneke
 Date Commission Expires: May 15, 2006

CYNTHIA G. BENEKE
 NOTARY PUBLIC
 STATE OF KANSAS
 My Appointment Expires: 5/15/06
 No Appointment Expires: _____

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
3-22-06 UIC Distribution *KW*

RECEIVED
MAR 07 2006

KCC WICHITA

Operator Name: TE-PE OIL & GAS Lease Name: LOVETT B Well #: 1
 Sec. 13 Twp. 19 S. R. 02 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
 MISSISSIPPIAN 2904 -1334

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12-1/4	8-5/8	32	212'	60/40 POZMIX	140	2% GEL 2% CC
PRODUCTION	7-7/8	5-1/2	17	2979	60/40 POZMIX	100	3% GEL

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 checked="" type="checkbox"/> Plug Off Zone	2926-2976	COMMON	100	NONE (PREVIOUSLY DONE)

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
2	2941-56	2958-62	ACID 1500 GALS 15% REGULAR	2941-62

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8	2896	2896	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. WAITING ON APPROVAL		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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio Gravity
	-	-	-	-

Disposition of Gas **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 2941-2962
 (If vented, Submit ACO-18.) Other (Specify) _____

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KCC WICHITA

New Well
(Original failure due to tubing leak)

DOCKET # E-09787

CASING MECHANICAL INTEGRITY TEST

Disposal Enhanced Recovery:

Repressuring

Flood

Tertiary

Date injection started _____

API #15 - 113 - 21234 - 00 - 01

SE ~~SW~~ NW Sec 13, T 19 S, R 2 E. (2)

2981 feet from South Section Line
4032 feet from East Section Line

Lease Lovett Well # B-#1
County McPherson

Operator: Texaco Oil & Gas
Name & Address Box 522

Operator License # 5920

Contact Person Terry Bandy

Canton, Mo 64428-0522 phone 620-245-8071

Max. Auth. Injection Press. 0 psi; Max. Inj. Rate 1500 bbl/d;
If Dual Completion - Injection above production _____ Injection below production _____

	Conductor	Surface	Production	Liner	Size	Tubing
Size		<u>8 7/8</u>	<u>5 1/2"</u>		<u>2 7/8"</u>	
Set at		<u>212'</u>	<u>2979</u>		Set at <u>2896'</u>	
Cement Top		<u>0</u>	<u>2400</u>		Type <u>Seallite</u>	
" Bottom					<u>7PBTD</u>	
DV/Perf.			ED (and plug back)	<u>2979</u>	<u>2974'</u>	ft. depth
Packer type	<u>Barber Model H</u>		Size <u>5 1/2 X 2 1/8"</u>		Set at <u>2896</u>	
Zone of injection	<u>Mississippi</u>	ft. to ft. <u>2941 to 2962</u>	<u>Perf</u>		or open hole <u>Perf</u>	

Type Mit: Pressure Radioactive Tracer Survey Temperature Survey

Time: Start 1:50 Min. 15 Min. 30 Min.

Pressures: 300 300 300 Set up 1 System Pres. during test N/A

Set up 2 Annular Pres. during test 300

Set up 3 Fluid loss during test 0 bbls.

Tested: Casing or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 2/15/06 Using Company Tools Company's Equipment

The operator hereby certifies that the zone between 2896 feet and 0 feet was the zone tested. Terry Bandy Signature Title

The results were Satisfactory , Marginal _____, Not Satisfactory _____

State Agent Mary Eves Title Pert II Witness: Yes No _____

REMARKS: Annulus full of treated water

Computer Update UIC 3/22/06 RCB

Dist. Office: KCC WICHITA

KCC Form U-7 6/8'