

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 # 33120
Name: Derek Rhodes
Address: 12378 SE Ohio Rd
City/State/Zip: Kincaid, KS 66039
Purchaser: Derek Rhodes
Operator Contact Person: Derek Rhodes
Phone: (620) 496-5257
Contractor: Name: Michael Drilling
License: 33027
Wellsite Geologist: NA
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. _____
11-14-05 11*15-05 11-23-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29311-00-00
County: Allen
SW SW NW SE Sec. 19 Twp. 23 S. R. 20 East West
1380 feet from W / N (circle one) Line of Section
2485 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Adams Well #: N1
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: NA Kelly Bushing: _____
Total Depth: 730 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 730
feet depth to 0 w/ 119 sx cmt.
ALT II WITHM 8-16-06

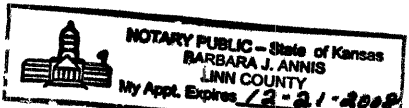
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: Derek Rhodes
Title: Owner Date: 8-9-06
Subscribed and sworn to before me this 9 day of August
2006
Notary Public: Barbara J Annis
Date Commission Expires: 12-29-2008

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
YES Wireline Log Received
NO Geologist Report Received
NO UIC Distribution
RECEIVED
AUG 14 2006



KCC WICHITA

Operator Name: Derek Rhodes Lease Name: Adams Well #: N1
 Sec. 19 Twp. 23 S. R. 20 East West County: Allen

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 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	# Sacks Used	Type and Percent Additives
long string	6 1/4	2 7/8	NA	713	50/50 poz	122	
SURFACE	12 1/4	8.625		20			

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used)

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	646-675		

TUBING RECORD

Size Set At Packer At Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr.

11-23-05

Producing Method

Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours

Oil Bbls. **32**

Gas Mcf

Water

Bbls.

Gas-Oil Ratio

Gravity

Disposition of Gas

METHOD OF COMPLETION

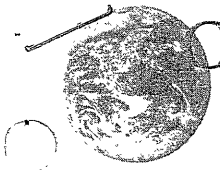
Production Interval

Vented Sold Used on Lease
 (If vented, Submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

RECEIVED
AUG 14 2006
KCC WICHITA

KCC written / OK'd



CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 200883

Invoice Date: 11/15/2005 Terms:

Page 1

RHODES, DEREK
 12378 SE OHIO ROAD
 KINCAID KS 66039
 () -

ADAMS #N-1
 19-23-20
 4970
 11/07/05

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	119.00	7.5500	898.45
1118B	PREMIUM GEL / BENTONITE	9.00	6.6300	59.67
1110A	KOL SEAL (50# BAG)	13.00	16.9000	219.70
1107	FLO-SEAL (25#)	1.00	42.7500	42.75
Description		Hours	Unit Price	Total
195	MIN. BULK DELIVERY	1.00	260.00	260.00
303	CEMENT PUMP	1.00	765.00	765.00
3	EQUIPMENT MILEAGE (ONE WAY)	45.00	3.00	135.00

RECEIVED
DEC 23 2005
KCC WICHITA

Parts:	1220.57	Freight:	.00	Tax:	76.89	AR	2457.46
Labor:	.00	Misc:	.00	Total:	2457.46		
Sublt:	.00	Supplies:	.00	change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
 P.O. Box 1453 74005
 918/338-0808

EUREKA, KS
 820 E. 7th 67045
 620/583-7664

OTTAWA, KS
 2631 So. Eisenhower Ave. 66067
 785/242-4044

GILLETTE, WY
 300 Enterprise Avenue 82716
 307/686-4914

THAYER, KS
 8655 Dorn Road 66776
 620/839-5269

VALIDATED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 820-431-9210 OR 800-467-8676

1st well

TICKET NUMBER 34191
 FIELD TICKET REF # 26966
 LOCATION Thayer
 FOREMAN Scott Brusby

TREATMENT REPORT
 FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-05		Adams N-1	19	23S	20E	AL
CUSTOMER			TRUCK #			
Derrick Rhodes			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 8EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
646-75 (61)	Squirrel

TYPE OF TREATMENT

Acid spot + Proc

CHEMICALS

Acid	RECEIVED DEC 23 2005 KCC WICHITA
Kch sub	
Breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	10	17			2000	BREAKDOWN
12-20				4000#	900	START PRESSURE
(20) ballsealers					2300	END PRESSURE
12-20				4000#	3500	BALL OFF PRESS
(17) ballsealers		12				ROCK SALT PRESS
12-20				2,000#	500	ISIP
FLUSH	4					5 MIN
OVERFLUSH	5			10,000#		10 MIN
TOTAL	755		TOTAL SAND			15 MIN
					12	MIN RATE
					17	MAX RATE
					3.8	DISPLACEMENT

REMARKS: spot 75 gal.-15% HCl acid on perfs / blend 200 gal.-raw acid thru frac

9:30AM - 10:15AM 48 miles

AUTHORIZATION _____ TITLE _____ DATE 11-23-05