

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

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. _____
10-27-05 10-28-05 11-23-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 001-29312-00-00
County: Allen
NW SW NW SE Sec. 19 Twp. 23 S. R. 20 East West
1820 feet from S / 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 #: P1
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/ 130 sx cmt.
ALT II WHM 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.

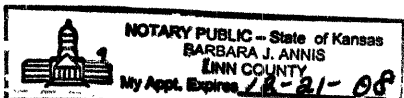
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Derek Rhodes
Title: Owner Date: 8-6-06
Subscribed and sworn to before me this 6 day of August
2006
Notary Public: Barbara J Annis
Date Commission Expires: 12-21-2008

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



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ORIGINAL

Operator Name: Derek Rhodes Lease Name: Adams Well #: P1
 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

CASING RECORD <input 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
long string	6 1/4	2 7/8	NA	712	50/50 poz	126	
SURFACE	12.25	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				

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	658-679		

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

Date of First, Resumed Production, SWD or Enhr. 11-23-05	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 30	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

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

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

Production Interval

KCC WICHITA
/OPER

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KCC WICHITA



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 # 200631

Invoice Date: 10/31/2005 Terms:

Page 1

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

ADAMS P-1
 19-23-20
 4958
 10/28/05

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	136.00	7.5500	1026.80
1118B	PREMIUM GEL / BENTONITE	10.00	6.6300	66.30
1110A	KOL SEAL (50# BAG)	14.00	16.9000	236.60
1107	FLO-SEAL (25#)	1.00	42.7500	42.75
	Description	Hours	Unit Price	Total
164	CEMENT PUMP	1.00	765.00	765.00
	EQUIPMENT MILEAGE (ONE WAY)	45.00	3.00	135.00
195	TON MILEAGE DELIVERY	1.00	279.23	279.23

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DEC 23 2005
KCC WICHITA

Parts:	1372.45	Freight:	.00	Tax:	86.47	AR	2638.15
Labor:	.00	Misc:	.00	Total:	2638.15		
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

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

TICKET NUMBER 34190
 FIELD TICKET REF # 23966
 LOCATION Troyes
 FOREMAN Tate Kuehly

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-23-05		Wichita P-1				KS

CUSTOMER
Derrick Rhodes

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
295	Scott		
449	Stan		
266	Jeff		
120	Gary		
453170	Geoff		
455195	Rob		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 EUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>52-179</u> <u>42</u> <u>Southern</u>	

TYPE OF TREATMENT
AcidSoot - frac

CHEMICALS

<u>acid</u>	RECEIVED DEC 23 2005
<u>KOH/UD</u>	
<u>Breaker</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAID</u>	<u>10</u>	<u>17</u>			<u>2300</u>	BREAKDOWN
<u>12-23</u>		<u>17</u>		<u>2300#</u>	<u>1000</u>	START PRESSURE
<u>150 balls/seq</u>		<u>12</u>			<u>1700</u>	END PRESSURE
<u>12-20</u>		<u>15</u>		<u>2300#</u>	<u>2300</u>	BALL OFF PRESS
<u>100 balls/seq</u>		<u>12</u>				ROCK SALT PRESS
<u>12-20</u>		<u>12</u>		<u>1000#</u>	<u>500</u>	ISIP
<u>note: noticed well communication +</u>						5 MIN
<u>production well across fence/cut sand</u>						10 MIN
<u>and flush tubing / flow back immediately</u>						15 MIN
<u>- flush</u>	<u>4</u>	<u>12</u>			<u>12</u>	MIN RATE
<u>CHSE</u>	<u>5</u>	<u>12</u>		<u>0.000#</u>	<u>17</u>	MAX RATE
<u>TOTAL</u>	<u>135</u>		<u>5#</u>		<u>5.8</u>	DISPLACEMENT

KCC WICHITA

REMARKS: 320T 75 gal - 15% HCl acid on 200# / blend 200 gal. ran 175
400 4000
note: well communication + production well across fence/cut sand
and flush tubing / flow back immediately

12-23-05 - 11:00 AM 48 m 135

AUTHORIZATION _____ TITLE _____ DATE 11-23-05