

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. _____

<u>10-27-05</u>	<u>10-28-05</u>	<u>11-23-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29313-00-00
County: Allen
SW SW SW NE Sec. 19 Twp. 23 S. R. 20 East West
2700 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 #: T1
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/ 12B 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.

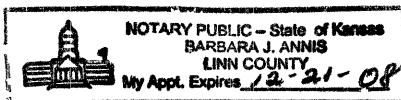
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Derek Rhodes
Title: Owner Date: 8-9-06
Subscribed and sworn to before me this 9 day of August
20 06
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

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Operator Name: Derek Rhodes Lease Name: Adams Well #: T1
 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 <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	714	50/50 poz	120	NA
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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2	663.5 - 684.0		

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. 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 Oil Bbls. 38	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
 Production Interval Other (Specify)

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KCC WHM / OPER

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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 # 200497

Invoice Date: 10/28/2005 Terms:

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

ADAMS T-1
19-23-20
4906
10-26-05

Part Number	Description	Qty	Unit Price	Total
1107	FLO-SEAL (25#)	1.00	42.7500	42.75
1118B	PREMIUM GEL / BENTONITE	9.00	6.6300	59.67
1110A	KOL SEAL (50# BAG)	14.00	16.9000	236.60
1124	50/50 POZ CEMENT MIX	128.00	7.5500	966.40
Description		Hours	Unit Price	Total
122	TON MILEAGE DELIVERY	1.00	267.75	267.75
308	CEMENT PUMP	1.00	765.00	765.00
	EQUIPMENT MILEAGE (ONE WAY)	45.00	3.00	135.00
368	CASING FOOTAGE	714.00	.00	.00

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Parts:	1305.42	Freight:	.00	Tax:	82.24	AR	2555.41
Labor:	.00	Misc:	.00	Total:	2555.41		
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.
 5 SW 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

3rd well

TICKET NUMBER 34189
 FIELD TICKET REF # 26966
 LOCATION Unaver
 FOREMAN Scott Busby

**TREATMENT REPORT
 FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-05		Adams T-1				AK
CUSTOMER		Derrick Rhodes				
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
370	Scott		
477	Stan		
256	Jeff		
120	Gary		
45374	George		
45375	Rob		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 REG</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>14.5-39 42</u>	<u>Squirrel</u>

TYPE OF TREATMENT
Acid Spot - Frac

CHEMICALS

<u>Acid</u>	
<u>KCC Sulf</u>	
<u>Biocide</u>	
<u>Breaker</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>1-7-11</u>	<u>10</u>	<u>16</u>			<u>2300</u>	BREAKDOWN
<u>12-20</u>		<u>16</u>		<u>2000</u>	<u>13-1600</u>	START PRESSURE
<u>12-20</u>		<u>12</u>			<u>2200</u>	END PRESSURE
<u>12-20</u>		<u>12</u>		<u>1500</u>	<u>2300</u>	BALL OFF PRESS
<u>12-20</u>		<u>12</u>				ROCK SALT PRESS
<u>12-20</u>		<u>12</u>		<u>1500</u>	<u>425</u>	ISIP
<u>FWLH</u>	<u>4</u>	<u>12</u>	<u>FWLH</u>			5 MIN
<u>OVER</u>	<u>5</u>	<u>12</u>	<u>1500</u>	<u>4500</u>		10 MIN
<u>TOT-42</u>	<u>150</u>		<u>5000</u>			15 MIN
					<u>10</u>	MIN RATE
					<u>15</u>	MAX RATE
					<u>3.8</u>	DISPLACEMENT

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REMARKS: 3:30 - 7:50 - 15% HCl acid / spend 200 gal. raw HCl thru-out frac

Note: city water unavailability OK'd to pool - from clean quantity w/ 5% Biocide

11/20/05 - KCC 1711 42 min

AUTHORIZATION _____ TITLE _____ DATE 11-20-05