

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 # 33221
Name: Roxanna Pipeline, Inc.
Address: 4600 Greenville Ave., Ste. 200
City/State/Zip: Dallas, TX 75206
Purchaser: OneOke
Operator Contact Person: Carol M. Shiels
Phone: (214) 691-6216
Contractor: Name: Well Refined Drilling
License: 33072
Wellsite Geologist: Dick Cornell

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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>11/29/03</u>	<u>12/02/2003</u>	<u>8/31/2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29041 - 0000
County: Allen
W2 - SW - SE - Sec. 23 Twp. 25 S. R. 18 East West
660 feet from (S) / N (circle one) Line of Section
2970 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Ellis Well #: 1
Field Name: Wildcat

Producing Formation: Riverton

Elevation: Ground: 985 Kelly Bushing: _____

Total Depth: 1083 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from surface

feet depth to 22 w/ 4 _____ sx cm.

ALT II WFM 877-06

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A 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: Marie Burt

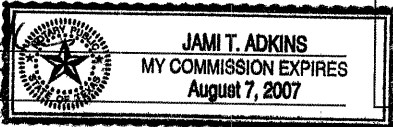
Title: Geological Assistant Date: 9/17/04

Subscribed and sworn to before me this 17th day of September

20 04

Notary Public: Jami T. Adkins

Date Commission Expires: 8-7-07



KCC Office Use ONLY

Deny Letter of Confidentiality Received

If Denied, Yes Date: 9-23-04 DPW

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Roxanna Pipeline, Inc. Lease Name: Ellis Well #: 1
 Sec. 23 Twp. 25 S. R. 18 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Induction, Density Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Kansas City</td> <td>234 (base)</td> <td>GL</td> </tr> <tr> <td>Ft. Scott</td> <td>632</td> <td>GL</td> </tr> <tr> <td>Croweburg</td> <td>760</td> <td>GL</td> </tr> <tr> <td>Rowe</td> <td>960</td> <td>GL</td> </tr> <tr> <td>Mississippian</td> <td>1030</td> <td>GL</td> </tr> </table>	Name	Top	Datum	Kansas City	234 (base)	GL	Ft. Scott	632	GL	Croweburg	760	GL	Rowe	960	GL	Mississippian	1030	GL
Name	Top	Datum																	
Kansas City	234 (base)	GL																	
Ft. Scott	632	GL																	
Croweburg	760	GL																	
Rowe	960	GL																	
Mississippian	1030	GL																	

CASING RECORD <input checked="" 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
casing	12 1/4	8 5/8	20	22	Portland	4	
production	7 7/8	5 1/2	15.5	1075	60/40	230	2% gel 5% salt

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
9	1019-1021	F/5000# 20/40 & 5000# 12/20	1019

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	1040	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 9/01/04			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
0		2	80		

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 _____

MODIFIED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER **3225**
 LOCATION Chanute
 FOREMAN Dwayne

TREATMENT REPORT

#1

DATE <u>12/2/03</u>	CUSTOMER # <u>3557</u>	WELL NAME <u>Ellis</u>	FORMATION
SECTION <u>23</u>	TOWNSHIP <u>25</u>	RANGE <u>18</u>	COUNTY <u>AL</u>
CUSTOMER <u>Hape well operating</u>			
MAILING ADDRESS <u>5307 E Mocking Bird Ln STE 906</u>			
CITY <u>Dallas</u>			
STATE <u>TX</u>	ZIP CODE <u>75206</u>		
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>128</u>	<u>Herb</u>		
<u>103</u>	<u>Will</u>		
<u>140</u>	<u>Tim</u>		

WELL DATA

HOLE SIZE <u>7 7/8</u>	PACKER DEPTH
TOTAL DEPTH <u>1083</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>5 1/2</u>	OPEN HOLE
CASING DEPTH <u>1075</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA <u>Cement Pump</u>	

535 -
59.60

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN <u>5.50</u>
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING <u>117.150</u>
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC <u>37.50</u>
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB Wash to T.D about 60F. Run 35K Prem Gel followed
By 17 Bbl. Dye then 230 SK Cement to set Dye Back. stopped and was held out
Pump then pumped Plug to Bottom and set Flat Shoe.

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

RECEIVED
 DALLAS CORPORATION COMMISSION
 SEP 22 2004
 CONSERVATION DIVISION

MODIFIED OIL WELL SERVICES, INC.
 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER **3225**
 LOCATION Chanute
 FOREMAN Dwayne

TREATMENT REPORT

#1

DATE 12/2/03	CUSTOMER # 3557	WELL NAME Ellis	FORMATION
SECTION 23	TOWNSHIP 25	RANGE 18	COUNTY AL
CUSTOMER Hape well operating			
MAILING ADDRESS 5307 E Mocking Bird Ln STE 906			
CITY Dallas			
STATE T.X.		ZIP CODE 75206	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
128	Herb		
103	Will		
140	Tim		

WELL DATA	
HOLE SIZE 7 7/8	PACKER DEPTH
TOTAL DEPTH 1083	PERFORATIONS
	SHOTS/FT
CASING SIZE 5 1/2	OPEN HOLE
CASING DEPTH 1075	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA Cement Pump	

535 -
89.60

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN 5.50
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING 117.150
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC 37.50
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB **Wash to TD about 60 Fr. Run 3SK Prem Gel Followed by 17 Bbl. Dye then 230 SK Cement to get dye back. Stopped and was held out Pump then Pumped Plug to Bottom and Set Flat Shoe.**

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
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