

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

CONFIDENTIAL

Operator: License # 3988
Name: SLAWSON EXPLORATION CO., INC
Address: 200 N HARVEY, #1412
City/State/Zip: OKLAHOMA CITY, OK 73102
Purchaser: SEMINOLE TRANSPORTING & GATHERING
Operator Contact Person: STEVE SLAWSON
Phone: (405) 232 0201
Contractor: Name: MURFIN DRILLING CO., INC
License: 30606
Wellsite Geologist: DAVE GOLDAK

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NOV 24 2003

Designate Type of Completion:

- New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

KCC WICHITA

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>9-17-03</u>	<u>9-27-03</u>	<u>11-12-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 171 20580 - 06 - 00
County: SCOTT
SE 990 NW 2305 SW 2305 SE Sec. 10 Twp. 18 S. R. 31 East West
feet from (S) N (circle one) Line of Section
feet from _____ (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: WEISENBERGER Well #: 1

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Field Name: _____
Producing Formation: MISSISSIPPI
Elevation: Ground: 2931 Kelly Bushing: _____
Total Depth: 4601 Plug Back Total Depth: 4518
Amount of Surface Pipe Set and Cemented at 359 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2810 Feet
If Alternate II completion, cement circulated from 2810
feet depth to sfc w/ 535 sx cmt.

ALT II 9-7-06 water

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 4800 ppm Fluid volume 4000 bbls
Dewatering method used EVAPORATION

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: [Signature]
Title: Operations Mgr Date: 11/21/03
Subscribed and sworn to before me this 21 day of November,
20 03.
Notary Public: [Signature]
Date Commission Expires: 12-18-04

KCC Office Use ONLY

- Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

X

Operator Name: SLAWSON EXPLORATION CO., INC Lease Name: WEISENBERGER 'K' Well #: 1
 Sec. 10 Twp. 18 S. R. 31 East West County: SCOTT

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name <u>KB 2936'</u>	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	T/ANHYDRITE	2207 +729
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/ANHYDRITE	2269 +667
List All E. Logs Run:		HEEBNER	3868 -932
		LANSING	3914 -978
		STARK SH	4192 -1256
		BKC	4273 -1337
		MISS	4544 -1608

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	# Sacjs Used	Type and Percent Additives
SURFACE	12-1/4	8-5/8	23#	359	COMMON	225	3% CC, 2% GEL
PRODUCTION	7-7/8	4-1/2	10.5#	4555	EA-2	200	5% CalSeal, 10% SALT
				DV 2810'	CL 'H'	385	10% 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	900'	SMD	150	
		CL'H'	150	3% CC

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
4	4353'-4356'	250 GAL 15% MCA	4353-56'

TUBING RECORD	Size Set At 2-3/8 4384'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 11-13-03	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bbls. 30	Gas Mcf 0	Water Bbls. 0
			Gas-Oil Ratio N/A
			Gravity 41 deg

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 _____

ALLIED GEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

10-16-05

 * INVOICE *

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DEC 03 2003

KCC WICHITA

Invoice Number: 091002

Invoice Date: 09/19/03

Sold Murfin Drilling Co.
 To: 250 N. Water, St. #300
 Wichita, KS
 67202

CONFIDENTIAL

15-171-20580-0000

Paton Slawson
 Invoicee

Operator Pays
 wouldnt charge to slawson

Cust I.D. Mack

Number...: Weisenberger #1

Date....: 09/19/03

REFUSED
 FROM

Due Date.: 10/19/03
 Terms....: Net 30

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Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	225.00	SKS	8.3500	1878.75	T
el	4.00	SKS	10.0000	40.00	T
chloride	8.00	SKS	30.0000	240.00	T
handling	225.00	SKS	1.1500	258.75	E
mileage (55)	55.00	MILE	11.2500	618.75	E
225 sks @ \$.05 per sk per mi					
surface	1.00	JOB	520.0000	520.00	E
mileage pmp trk	55.00	MILE	3.5000	192.50	E
surface plug	1.00	EACH	45.0000	45.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter
 If Account CURRENT take Discount of \$379.38
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3793.75
 Tax: 138.84
 Payments: 0.00
 Total: 3932.59

Account	Unit	W	No.	Amount	Description
	Rig	L			
03600	02440		1749	3932.59	Amount S. C. 89.
				(379.38)	

3553.21

ALLIED CEMENTING CO. 'INC. 14828

Federal Tax I.D.#

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley

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DATE <u>9-17-03</u>	SEC <u>70</u>	TWP. <u>18s</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION <u>8:30PM</u>	JOB START <u>1:00AM</u>	JOB FINISH <u>1:30AM</u>
LEASE <u>Weisenberger</u>		WELL# <u>1</u>	LOCATION <u>SCOTT CITY IN ELN 1/2 W 1/2 S</u>		COUNTY <u>SCOTT</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			15,171-20580.00.00				

CONTRACTOR <u>Murfin Dtg Rig 24</u>	OWNER <u>slawson Explo Co Inc</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>360'</u>
CASING SIZE <u>8 3/8</u>	DEPTH <u>259.78</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>22 Bbls</u>	

EQUIPMENT	
PUMP TRUCK CEMENTER <u>Dean</u>	
# <u>300</u> HELPER <u>Wayne</u>	
BULK TRUCK	
# <u>218</u> DRIVER <u>Larry</u>	
BULK TRUCK	
#	DRIVER

CEMENT	AMOUNT ORDERED <u>225 SK COM 392 C 29 GEL</u>
COMMON <u>225 SKS @ 8.35</u>	<u>1878.75</u>
POZMIX @	
GEL <u>4 SKS @ 10.00</u>	<u>40.00</u>
CHLORIDE <u>8 SKS @ 30.00</u>	<u>240.00</u>
	@
	@
	@
	@
	@
HANDLING <u>225 SKS @ 1.15</u>	<u>258.75</u>
MILEAGE <u>59 / SK / Mile</u>	<u>618.75</u>

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TOTAL 3036.25

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REMARKS:

Cement did circulate

SERVICE

DEPTH OF JOB <u>259.78</u>	
PUMP TRUCK CHARGE	<u>520.00</u>
EXTRA FOOTAGE @	
MILEAGE <u>55 Miles @ 3.50</u>	<u>192.50</u>
PLUG <u>8 3/8 Surface @</u>	<u>45.00</u>
	@
	@

TOTAL 757.50

CHARGE TO: Murfin Dtg Co

STREET _____

CITY _____ STATE _____ ZIP _____

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@ _____

@ _____

@ _____

@ _____

@ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Anthony Martin

TAX _____

TOTAL CHARGE 6000.00

DISCOUNT 6000.00 IF PAID IN 30 DAYS

Anthony Martin
PRINTED NAME

JOB LOG

SWIFT Services, Inc. 15-171-20580 00-00

DATE 9-27-03 PAGE NO. 1

CUSTOMER
Slawson Explor

WELL NO. K-1

LEASE
Weisenberger

JOB TYPE 2 stage

TICKET NO. 5720

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
9-27	2200							on loc Rig Laying down D.P. T.D. 4595 Driller new 10.5# 4 1/2 CSG Total CSG 4607 S.S. 42.58
9-28	0240							Run float shoe Cent. on Collars 4, 5, 6, 8, 9, 11, 12, 14 42, 43, 54, 84 Cement Baskets 40, 55, 83 D.V. on Top of JT 41 2820'
	0630							CSG on bottom Hookup to circ lay down Top Joint set Pipe at 4563' circ 1 HR w/mud Pump 500 gal mud flush 20 BBL KCL water mix 200 SKS STD 5% Calseal, 10% Sat .5% Haled-1 finish mix cmt Release Plug & ST disp. Pump 25 BBL water Pump 47 BBL mud
		5	12 BBL					
		5						
		5						
		5						
		5						
		5						
		3					600	
	0825	2.5					1100	Plug Down CSG would not hold PSI fell To 600. Repressure same thing Pressure to 750 Pump in .1 BPM .2 BBL Shut in CSG & wait for CMT to set up CMT sample setup Pressure CSG To 1000 OK
		.1					600	
	1040						1000	
	1050							Drop D.V. opening Bomb
	1115						1300	open D.V. + circ w/mud for 1HR
	1215		4 BBL					Plug Rathole w/10 SKS cmt Plug mousehole w/10 SKS cmt Pump 20 BBL water
		4	201 BBL					Pump 350 SKS SMD 1/4 # Floeck at 11.1 #/60 Pump 100 SKS SMD 1/4 # Floeck at 13.2 #/60 w/ 15 BBL of 13.2 # CMT mixed lost circ Did not get circ back Disp w/ 44.8 BBL water
		4.5	34 BBL					
	1320	3					1500	Plug Down CMT DID NOT CIRC

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FROM
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CHARGE TO: *Stawson Exploration*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET No 5720

15-171-20580-00-06

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hay</i>	WELL/PROJECT NO. <i>K-1</i>	LEASE <i>Weisenberger</i>	COUNTY/PARISH <i>Scott</i>	STATE <i>KS</i>	CITY	DATE <i>9-27-03</i>	OWNER <i>same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Murphy</i>	SHIPPED VIA <i>104</i>	DELIVERED TO <i>N.W. Grigston</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Longstring</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE <i>104</i>	50	mi			2.50	125.00
579					Pump charge 2 stage	1	EA				1500.00
281					mud flush	500	Gal			60	300.00
221					Liquid KCL	2	Gal			19.00	38.00
407					insert float shoe	1	EA	4 1/2	IN		200.00
408					D-U + Plug set	1	EA	4 1/2	IN		2000.00
402					Centalyzers	12	EA	4 1/2	IN	34.00	408.00
403					Conner Baskets	3	EA	4 1/2	IN	115.00	345.00
580					Add HRS circulation between stages	2	HRS			100.00	200.00
					From Continuations						8831.14

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *Shawna D. Boles*
 DATE SIGNED *9-27-03* TIME SIGNED *10:00* A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				13947.14
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX 544.85
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 14,491.99
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Jerry* APPROVAL

Thank You!