

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5252
Name: R.P. Nixon Operations, Inc.
Address: 207 West 12th Street ^{150' S} & ^{210' E}
City/State/Zip: Hays, KS 67601
Purchaser: NA
Operator Contact Person: Dan Nixon
Phone: (785) 628-3834
Contractor: Name: Shields Oil Producers
License: 5184
Wellsite Geologist: _____

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>3.30.06</u>	<u>4.6.06</u>	<u>4.6.06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 195-22324-00-00
County: Trego
E of E/2 - E/2 - NE Sec. 12 Twp. 15 S. R. 23 East West
1470 feet from S / (N) (circle one) Line of Section
120 feet from (S) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Applegate Unit Well #: 1
Field Name: Wildcat

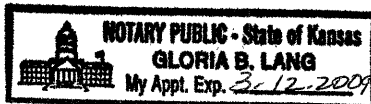
Producing Formation: NA
Elevation: Ground: 2245' Kelly Bushing: 2250'
Total Depth: 4244' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 219' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
ALT II P&A WITH 10-17-06

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 23000 ppm Fluid volume 200 bbls
Dewatering method used remove liquids, allow to dry
Location of fluid disposal if hauled offsite: _____
Operator Name: Hertel Oil LLC
Lease Name: #4 Oldham License No.: 33625
Quarter NW/4 Sec. 4 Twp. 15 S. R. 18 East West
County: Ellis Docket No.: D-20,214

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: President Date: 9.11.06
Subscribed and sworn to before me this 11 day of Sept,
20 06.
Notary Public: [Signature]
Date Commission Expires: 3.12.2009



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes No Date: 9-12-06
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
SEP 12 2006

KCC WICHITA

Operator Name: R.P. Nixon Operations, Inc. Lease Name: Applegate Unit Well #: 1
 Sec. 12 Twp. 15 S. R. 23 East West County: Trego

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:

Dual Comp. Porosity, Sonic, Microlog, Dual Induction

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	1649'	+601
Heebner	3620'	-1370
L/KC	3657'	-1407
Base KC	3922'	-1672
Fort Scott	4123'	-1873
Cherokee Shale	4132'	-1882
Mississippian	4201'	-1951
LTD	4248'	-1998

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
Surface	12 1/4"	8 5/8"	20#	219'	common	160	3% CaCl, 2% gel

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. D & A	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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

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 KCC WICHITA

ALLIED CEMENTING CO., INC.

22568

Federal Tax I.D. [REDACTED]

REMIT TO PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Hoop City

DATE <u>4-6-07</u>	SEC <u>12</u>	TWP <u>15</u>	RANGE <u>23</u>	CALLED OUT <u>1:00 PM</u>	ON LOCATION <u>5:00 PM</u>	JOB START <u>6:30 PM</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>1st</u>	WELL # <u>1</u>	LOCATION <u>K-4 HWY 117 SET 6N</u>		COUNTY <u>Hoop</u>	STATE <u>Kansas</u>		
OLD OR NEW (Circle one)							

CONTRACTOR Smith's

TYPE OF JOB Rotary Plug

HOLE SIZE 7 1/8" T.D. 11244

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 1175

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

OWNER R.P. Nixon Operations, Inc

CEMENT

AMOUNT ORDERED 200 cu yds 6% GEL

1/4" 1175

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

FLO SEAL @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

EQUIPMENT

1100

PUMP TRUCK CEMENTER Tom Sealing

224 HELPER Tom Higgins

BULK TRUCK

341 DRIVER Tom Sealing

BULK TRUCK

_____ DRIVER _____

REMARKS:

- 1" 25 cu - 1675
- 2" 100 cu - 750
- 3" 40 cu - 275
- 4" 10 cu - 40 ft pipe plug
- 15 cu - 1m 1/2 thick
- 16 cu - in 1/2 thick

SERVICE

DEPTH OF JOB 1675'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

_____ @ _____

CHARGE TO: R.P. Nixon Operations, Inc

STREET 207 West 12th Street

CITY Hoop STATE Kansas ZIP 67601

RECEIVED

SEP 12 2006

TOTAL _____

KCC WICHITA
PLUG & FLOAT EQUIPMENT

1.878 1175 plug @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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 Mike Hines

SIGNATURE Mike Hines

PRINTED NAME

ALLIED CEMENTING CO., INC.

23553

Federal Tax I.D.#

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

SERVICE POINT

Neosho City

DATE	SEC	TWP	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
3-30-06	12	15	23	8:00 AM	9:30 AM	12:45 PM	1:15 PM
LEASE	WELL#	LOCATION		COUNTY	STATE		
<u>Applaco</u>	<u>1</u>	<u>47283-60 4N34E4N1E7N</u>		<u>Trego</u>	<u>KS</u>		

CONTRACTOR Shelton Duda
TYPE OF JOB Surface
HOLE SIZE 12 1/4 T.D. 222
CASING SIZE 8 5/8 DEPTH 219
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 15
PERFS. _____
DISPLACEMENT 13 1/2

EQUIPMENT

PUMP TRUCK CEMENTER Mike
224 HELPER M. Waghams
BULK TRUCK _____
260 DRIVER Terry
BULK TRUCK _____
_____ DRIVER _____

REMARKS:

Done 20'
Casing 8 5/8 casing w/ no pump
Plug cement disp plug w/ 13 1/2
Controlled case.

THANKS

CHARGE TO: R. P. Nixon
STREET _____
CITY _____ STATE _____ ZIP _____

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.

OWNER _____
CEMENT AMOUNT ORDERED _____
1100 45 Cem 3 1/2 cc 2 1/2 gal

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
ASC	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

HANDLING _____ @ _____
MILEAGE 29

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SEP 12 2006

KCC WICHITA SERVICE

DEPTH OF JOB	<u>219</u>	_____
PUMP TRUCK CHARGE	_____	_____
EXTRA FOOTAGE	_____	@ _____
MILEAGE	<u>29</u>	@ _____
MANIFOLD	_____	@ _____
_____	_____	@ _____
_____	_____	@ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8 top used</u>	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Burton Beery

Burton Beery
PRINTED NAME