

RECEIVED

MAY 24 2004

KCC WICHITA

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 # 6039  
 Name: L. D. Drilling, Inc.  
 Address: 7 SW 26th Avenue  
 City/State/Zip: Great Bend, KS 67530  
 Purchaser: Lumen Energy  
 Operator Contact Person: L. D. Davis  
 Phone: (620) 793-3051  
 Contractor: Name: Vonfeldt Drilling, Inc.  
 License: 9431  
 Wellsite Geologist: Jim Musgrove  
 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>12-20-03</u>	<u>12-30-03</u>	<u>12-30-03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

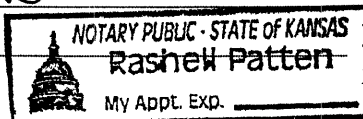
API No. 15 - 009-24777-00-00  
 County: Barton  
E/2 SW NW Sec. 16 Twp. 19 S. R. 14  East  West  
1980 feet from S N (circle one) Line of Section  
990 feet from E NW (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Canfield Well #: 1  
 Field Name: Heizer  
 Producing Formation: Herrington/Krider  
 Elevation: Ground: 1904' Kelly Bushing: 1909'  
 Total Depth: 3619 Plug Back Total Depth: 1810  
 Amount of Surface Pipe Set and Cemented at 833 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set 1887' Feet  
 If Alternate II completion, cement circulated from 1590  
 feet depth to 1750 w/ 150 sx cmt.  
ACTI WHM 10-17-06

**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: [Signature]  
 Title: Secretary/Treasurer Date: 5-21-04  
 Subscribed and sworn to before me this 21<sup>st</sup> day of May,  
 2004.  
 Notary Public: [Signature]  
 Date Commission Expires: 2-2-07



**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

Operator Name: L. D. Drilling, Inc. Lease Name: Canfield Well #: 1  
 Sec. 16 Twp. 19 S. R. 14  East  West County: Barton

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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:  Dual Induction Dual Compensated Porosity Log Gamma Ray Neutron Sonic Cement Bond Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum  (See Attached) <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                     RECEIVED                      MAY 24 2004                      KCC WICHITA                 </div>
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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	7 7/8	8 5/8	23#	832'			1/4# flocele
Production		5 1/2	14#	3619'		150	EA/2

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 (Amount and Kind of Material Used)	Depth
2	6 shots 4" HEC 3543-3546	400 Gal 15% NEFE Acid	
2	12 shots 3306-3312	500 Gal 15% NE Acid	
2	20 shots 1749-1759	1250 Gal 15% NEFE Acid	
2	16 shots 1768-1776		
	Plug @ 3360		

TUBING RECORD	Size <b>2 7/8</b>	Set At <b>1790'</b>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <b>1-26-04</b>	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 <b>90000</b>	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 \_\_\_\_\_



ADDRESS  
CITY, STATE, ZIP CODE

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No 6277

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>NESS CITY, KS</u>	WELL/PROJECT NO. # <u>1</u>	LEASE <u>CAJFEED</u>	COUNTY/PARISH <u>BARTON</u>	STATE <u>KS</u>	CITY	DATE <u>12-20-03</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>VONFEUST DRIG.</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>8 5/8" SURFACE</u>	WELL PERMIT NO.	WELL LOCATION <u>HEZZER VS - 1 1/2 S, ES</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
575		1			MILEAGE # 105	40	MC			2.50	100.00
576		1			PUMP SERVICE	1	JOB			550.00	550.00
410		1			TOP PLUG	1	EA	8 5/8"		60.00	60.00
330		1			SWIFT MULTI-DRISSET STANDARDS	300	SKS			9.75	2925.00
276		1			FIDELITY	75	lbs			90	67.50
581		1			SERVICE CHARGE COMMENT	300	SKS			1.00	300.00
583		1			DRAYAGE	29905	lbs	598.1	M	.85	50839

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

*Wayne Wilson*  
 DATE SIGNED 12-20-03 TIME SIGNED 2:00  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	4510.89
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<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  
*Wayne Wilson*

APPROVAL

Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

DATE 12-20-03 PAGE NO. 1

CUSTOMER L.S. DRALING WELL NO. #1 LEASE CAWFIELD JOB TYPE 8 5/8" SURFACE TICKET NO. 6277

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2000							ON LOCATION
	2020							START 8 5/8" CASING W/ WELL
								TD - 832 SIT = 825
								TD - 825 8 5/8" / FT 24
								CMT IN PIPE - 15'
	2345							BREAK CIRCULATION
	0005	8	68		✓			MAX CEMENT - 150 SKS = 11.8 PPG
		8	38		✓			100 SKS = 12.5 PPG
		8	14		✓			50 SKS = 14.0 PPG
	0023							RELEASE PLUG
	0025	8	0		✓			DISPLACE PLUG
	0033		51.5					PLUG DOWN - SHUT IN
								CIRCULATED 40 SKS CEMENT TO PCT
								WASH UP
	0130							JOB COMPLETE
								THANK YOU WAYNE, DAVE, DUSTY
								RECEIVED MAY 24 2004 KCC WICHITA



TREATMENT REPORT

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MAY 24 2004  
KCC WICHITA

Acid Stage No. ....

Date 1-12-04 District ..... F. O. No. ....  
 Company L.D. Dr. Ig.  
 Well Name & No. CANFIELD  
 Location ..... Field .....  
 County Barton State Ks  
 Casing: Size ..... Type & Wt. .... Set at ..... ft.  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Liner: Size ..... Type & Wt. .... Top at ..... ft. Bottom at ..... ft.  
 Cemented: Yes/No. Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. .... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... T. D. .... ft. P. B. to ..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown ..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 ..... Bbl. /Gal. ....  
 Flush ..... Bbl. /Gal. ....  
 Treated from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 Actual Volume of Oil/Water to Load Hole: ..... Bbl. /Gal.  
 Pump Trucks, No. Used: Std. .... Sp. .... Twin .....  
 Auxiliary Equipment .....  
 Packer: ..... Set at ..... ft.  
 Auxiliary Tools .....  
 Plugging or Sealing Materials: Type .....

Company Representative ..... Treater .....

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				
:				Perfs 3306-08
16:30		0	0	Start Acid 500gal 15% NE
:			12	1) Flush
:		500	83	
:		1000		
:		1500		
16:42		2000	83.5	
16:45		1800	84	1/2 BPM
16:49		1600	85	
16:53		1000	86 1/2	Increase Rate 1 1/2 BPM
:		1400	88	
:		1200	90	Increase to 6 BPM
:		600	95	Acid Clear
:		600	98	Shut Down
:		200		ISIA
17:00		200		closed in
:				
:		0	0	Start Acid Top Perfs 30 BBLs 15% NE-PE
:			30	Start Flush
:		200	44	
:		600	45	Treating 1/2 BPM
:		300	46	1 BPM
:		300	50	
:		300	60	
:		300	70	
:		300	74	Shut Down
:		200		ISIA 200
:		100		5 min
:				closed in

Job complete Thank you Doc



TREATMENT REPORT

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Acid Stage No. ....

Date 1-12-04 District 6B F. O. No. 23750  
 Company L. D. DAVIS  
 Well Name & No. KANFIELD 1  
 Location Field  
 County BARTON State KS  
 Casing: Size 5 1/2 Type & Wt. 14 Set at ..... ft.  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Liner: Size ..... Type & Wt. .... Top at ..... ft. Bottom at ..... ft.  
 Cemented: Yes/No. Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. .... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... T.D. .... ft. P.B. to ..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 Flush ..... Bbl./Gal. ....  
 Treated from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 Actual Volume of Oil/Water to Load Hole: ..... Bbl./Gal.  
 Pump Trucks. No. Used: Std. .... Sp. .... Twin ....  
 Auxiliary Equipment .....  
 Packer: ..... Set at ..... ft.  
 Auxiliary Tools .....  
 Plugging or Sealing Materials: Type ..... Gals. .... lb.

Company Representative L. D. DAVIS Treater A. G. CURTIS

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
08:00				ON LOCATION
:				400 GALS 15% FINE
:				88 BBL. LOAD
10:00			88	HOLE LOADED
:				TREATING .10 @ 650 #
:				11 .25 @ 800
:				11 .35 @ 775
:				11 .35 @ 750
11:00		700		SHUT IN
:		50		AFTER 5 MINS
:				TOTAL VOL = 100 BBL'S
:				JOB Complete
:				Thank You
:				A. G. CURTIS

# ALLIED CEMENTING CO., INC.

14363

RECEIVED  
Federal Tax ID # 1

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

MAY 24 2004

SERVICE POINT:

St. Bernard

KCC WICHITA

DATE <u>1-2-04</u>	SEC.	TWP.	RANGE	CALLED OUT <u>8:00AM</u>	ON LOCATION <u>ID:DDAM</u>	JOB START <u>10:30AM</u>	JOB FINISH <u>12:45 PM</u>
LEAS <u>Confidential</u>	WELL # <u>1</u>	LOCATION <u>Heizer 1/4 S, E/4 NW</u>			COUNTY <u>Barton</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Plains Well Service  
TYPE OF JOB Port collar

OWNER Same

HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
CASING SIZE 5 1/2" DEPTH \_\_\_\_\_  
TUBING SIZE 2 1/2" DEPTH 1887'  
DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
TOOL Port collar DEPTH 1887'  
PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
CEMENT LEFT IN CSG. \_\_\_\_\_  
PERFS. \_\_\_\_\_  
DISPLACEMENT 10 3/4 bbls

CEMENT  
AMOUNT ORDERED 150 lbs ASC

**EQUIPMENT**

PUMP TRUCK CEMENTER Tom D  
# 181 HELPER Bob B  
BULK TRUCK  
# 344 DRIVER Don Augon  
BULK TRUCK  
# \_\_\_\_\_ DRIVER \_\_\_\_\_

COMMON <u>ASC 150 S</u> @ <u>9.00</u>	<u>1350.00</u>
POZMIX _____ @ _____	
GEL _____ @ _____	
CHLORIDE _____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
HANDLING <u>1.79</u> @ <u>1.15</u>	<u>2.0585</u>
MILEAGE <u>1.79</u> @ <u>6.10</u>	<u>10.914</u>
<b>TOTAL <u>1680.35</u></b>	

**REMARKS:**

Ran 1887' of 2 1/2" tubing and found  
port collar. Pressured to 500# & opened  
port collar. Broke circulation. Mixed  
150 lbs ASC. Disposed 10 3/4 bbls. Closed  
port collar. Pressured to 200# & held.  
Worked tubing out. Ran site & worked  
tubing clean. Re-pressured to 200# & held.

**SERVICE**

DEPTH OF JOB <u>1887'</u>	
PUMP TRUCK CHARGE _____	<u>650.00</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>6</u> @ <u>3.50</u>	<u>21.00</u>
PLUG _____ @ _____	
_____ @ _____	
_____ @ _____	
<b>TOTAL <u>671.00</u></b>	

CHARGE TO: L. D. Davis  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FLOAT EQUIPMENT**

_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
<b>TOTAL _____</b>	

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 L. D. Davis

TAX \_\_\_\_\_  
TOTAL CHARGE \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME \_\_\_\_\_