

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5259

Name: MAI OIL OPERATIONS, INC.

Address P.O. BOX 33

City/State/Zip RUSSELL, KS. 67665

Purchaser: NCRA

Operator Contact Person: ALLEN BANGERT

Phone 785,483 2169

Contractor: Name: MURFIN DRILLING CO., INC.

License: 30606

Wellsite Geologist: JIM MUSGROVE

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

1-20-2004 2-3-2004 2-3-2004
Spud Date Date Reached TD Completion Date

API NO. 15- 007-22791-0000

County BARBER

90' N & 90' EC - SW Sec. 2 Twp. 30 Rge. 14 E W

1410 Feet from N (circle one) Line of Section

1410 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name ALEXANDER Well # 1

Field Name WILDCAT

Producing Formation LKC

Elevation: Ground 1951' KB 1959'

Total Depth 4685' PBDT 4570'

Amount of Surface Pipe Set and Cemented at 225' 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.

Drilling Fluid Management Plan ALT I WHM 10-17-06
(Data must be collected from the Reserve Pit)

Chloride content 35,000 ppm Fluid volume 560 bbl's

Dewatering method used HAULED OFFSITE

Location of fluid disposal if hauled offsite:

Operator Name MAI OIL OPERATIONS, INC.

Lease Name THREE SISTERS License No. 5259

SE 1/4 Quarter Sec. 35 Twp. 29 S Rng. 14 E W

County PRATT Docket No. D-26,795

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 on 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 Allen Bangert

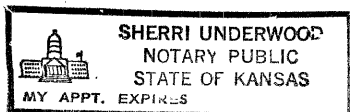
Title PROD. SUPT. Date 5-12-04

Subscribed and sworn to before me this 13 day of May 19-04.

Notary Public Sheri Underwood

Date Commission Expires 10-30-04

K.C.C. OFFICE USE ONLY		
<input type="checkbox"/> F	Letter of Confidentiality Attached	
<input type="checkbox"/> C	Wireline Log Received	
<input type="checkbox"/> C	Geologist Report Received	
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other
(Specify)		



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MAY 14 2004
KCC WICHITA

SIDE TWO

Operator Name MAI OIL OPERATIONS, INC. Lease Name ALEXANDER Well # 1

Sec. 2 Twp. 30 Rge. 14 East West
 County BARBER

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ATTACHED SHEET	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run: <u>SONIC, DUAL INDUCTION,</u> <u>COMPENSATED NEUTRON-DENSITY</u>			

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	17 1/2"	13 3/8"	48	225	CLASS A	225	2% GEL 3% CC
PRODUCTION	7 7/8"	5 1/2"	15.50	4680	50-50POZ	325	10% SALT 5% CAL SEAL .8% FLA 322 .25% CFR

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	3100-01'	COMMON	125	2%CC, .5% FLA 322,
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	3100-01	60-40POZ	100	3%CC, .5% FLA 322

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	
4614-16' 4807-18'	CIBP @ 4570'	500 GAL	7 1/2% MCA
3	4203-06', 4172-76'	500GAL	15%NE, 1500GAL 20% CRA
3	4086-90', 4066-70', 4040-46'	750GAL	15%NE, 2250GAL 20% CRA

TUBING RECORD	Size 2 7/8"	Set At 4565'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 4-5-2004	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
		200	55	

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

(If vented, submit ACO-18.)

4203-06', 4172-76', 4086-90', 4066-70', 4040-46'



TREATMENT REPORT

Customer ID		Date	
Customer <i>MAI OIL OPER.</i>		<i>2-3-04</i>	
Lease <i>ALEXANDER</i>		Lease No.	Well # <i>1</i>

Field Order # <i>7804</i>	Station <i>PRATT, KS</i>	Casing <i>5/2</i>	Depth <i>4680</i>	County <i>BARBER</i>	State <i>KS</i>
Type Job <i>LOW STRENGTH - NW</i>		Formation <i>TD-4680</i>		Legal Description <i>2-30-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5/2</i>	Tubing Size	Shots/Ft	<i>14.20</i>	-Acid- <i>325 SL 50/50 P02</i>	RATE	PRESS	ISIP	
Depth	Depth	From	<i>To 1.41</i>	-Pre-Pad <i>10% SACT, 5% CEMENT</i>			5 Min.	
Volume	Volume	From	To	-Post <i>5 1/2" CARSON STE</i>			10 Min.	
Max Press	Max Press	From	To	-Frac <i>8/10% FUA-322</i>			15 Min.	
Well Connection	Annulus Vol.	From	To	<i>1/4% CFR</i>	HMP Used		Annulus Pressure	
Plug Depth	Packers Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>HEWAN</i>	Station Manager <i>AUTREY</i>	Treater <i>K. COOPER</i>
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Service Units	<i>107</i>	<i>27</i>	<i>39</i>	<i>76</i>
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1500</i>					<i>ON LOCATION</i>
					<i>RUN 4680' 5/2 CASING.</i>
					<i>RUN GUIDESHOE, INSERT FLOTT</i>
					<i>CEMT. - 4-5-12-13-15-16-23-40-42</i>
					<i>BUSSET - #24</i>
					<i>TRG BOTTOM - DRP BALL - BRANCH</i>
					<i>RECIPROCATE CASINGS</i>
<i>2100</i>	<i>300</i>		<i>18</i>	<i>6</i>	<i>PUMP 18 bbl MUD FLUSH</i>
	<i>300</i>		<i>3</i>	<i>6</i>	<i>PUMP 3 bbl H2O SPACER</i>
	<i>300</i>		<i>7</i>	<i>6</i>	<i>PUMP 7 bbl SUPER FLUSH</i>
	<i>300</i>		<i>3</i>	<i>6</i>	<i>PUMP 3 bbl H2O SPACER</i>
	<i>200</i>		<i>81</i>	<i>6</i>	<i>MIX 325 SL CEMENT</i>
					<i>STOP - WASH LINE - RELEASE PUMP</i>
	<i>0</i>		<i>0</i>	<i>6</i>	<i>START DISP.</i>
	<i>30</i>		<i>67</i>	<i>6</i>	<i>START LEFT CEMENT</i>
	<i>900</i>		<i>105</i>	<i>4</i>	<i>SLOW RATE</i>
<i>2145</i>	<i>1300</i>		<i>110.7</i>	<i>4</i>	<i>PUMP DOWN - RELEASE - HELL</i>
					<i>PLUG RT & MH - 25 SL 50/50 P02</i>
<i>2230</i>					<i>JOB COMPLETE - THANKS - HELL</i>

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TREATMENT REPORT

Customer ID		Date	
Customer MHS OIL OPER. INC		2-24-04	
Lease ALEXANDER		Lease No.	Well # 1
Field Order # 8203	Station PRATT, KS	Casing 5 1/2	Depth 4647
Type Job SCUMBLE - NW		Formation RAISE CEMENT	Legal Description 2-30-14
		County PRATT	State KS

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size 2 7/8	Shots/Ft 3 HOLES		Acid		RATE	PRESS	ISIP
Depth	Depth	From 3100	To 3101	Pre Pad				5 Min.
Volume 3.0	Volume 17.2	From	To	Pad				10 Min.
Max Press	Max Press	From	To	Frac				15 Min.
Well Connection	Annulus Vol.	From	To					Annulus Pressure
Plug Depth	Packer Depth 2975	From	To	Flush				Total Load

Customer Representative ANAN	Station Manager ANTREY	Treater K. GORDLEY
Service Units	107 26	47 70

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0930					ON LOCATION
					PERFS - 3100' PLUR - 2975'
1040	750				PSE ANNU - 750#
1050		800	4	2	INJ. RATE - 2 BPM - 800#
1100		800-1000	26	2	MIX 125 SR. COMMON
					2% CC, 1/2% FLA-322
					STOP - WASH LINE
		0	0	2	START D/S P
		400	2 1/2	2	CRACKIT PSE
		1200	10	2	1200# THEN BROKE TO 600#
		600	11	2	8 5/8 B.H. START BLOW
		300	17	1	SLOW RATE TO 1 BPM
1120		400	19		19 OUT - STOP - WAIT
					WASH UP TRUCK
1200		350			BUMP SCUMBLE - STOP - WAIT
1300		500			BUMP SCUMBLE - STOP - WAIT
1330					RELEASE - HOLD
1400					PULL PER & TRC
1400					8 5/8 BH NEVER DTD CURR, JOB COMPLETE - THANKS - KEVIN

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TREATMENT REPORT



Customer ID		Date	
Customer <i>WHA OIL OVER INC.</i>		<i>3-2-04</i>	
Lease <i>ALEXANDER</i>		Lease No.	Well # <i>1</i>
Field Order # <i>8207</i>	Station <i>PRATT KS.</i>	Casing <i>8 1/2</i>	Depth
Type Job <i>SQUARE - NW</i>	Formation	County <i>PRATT.</i>	State <i>KS</i>
		Legal Description <i>2-30-14</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size <i>2 1/8</i>	Shots/Ft <i>3 HOLES</i>		Acid		RATE	PRESS	ISIP
Depth	Depth	From <i>3100</i>	To <i>3101</i>	Pre Pad		Max		5 Min.
Volume <i>3.0</i>	Volume <i>1.2</i>	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To	Flush		HHP Used		Annulus Pressure
Plug Depth <i>3240</i>	Backer Depth <i>2975</i>	From	To			Gas Volume		Total Load

Customer Representative <i>ALAN</i>	Station Manager <i>ANTHONY</i>	Treater <i>K. GORDLEY</i>
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Service Units: *107 26 35 75*

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1100</i>					<i>ON LOCATION</i>
					<i>RBP-3240' PKR-3190'</i>
		<i>2000</i>	<i>4</i>	<i>1</i>	<i>PSD TEST RBP-HEAD 2000#</i>
					<i>SET PKR-3090'</i>
		<i>800</i>	<i>3</i>	<i>2</i>	<i>INT. RATE - 2BPM - 800#</i>
					<i>PKR-3190'</i>
		<i>300</i>	<i>16</i>	<i>2</i>	<i>SPOT STAND</i>
					<i>PKR-2975' PERFS-3100'</i>
	<i>750</i>				<i>PSD ANN.</i>
		<i>600</i>		<i>1 1/2</i>	<i>INT. RATE</i>
<i>1425</i>					<i>INDEX CEMENT</i>
		<i>600</i>	<i>9</i>	<i>1 1/2</i>	<i>50 SK. 60/40 NO GR, 3% CC, 1/2% FLAS.</i>
		<i>200</i>	<i>9</i>	<i>1 1/2</i>	<i>50 SK. 60/40 NO GR, 3% CC</i>
					<i>STOP - WASHT LINE</i>
		<i>0</i>	<i>0</i>	<i>1</i>	<i>STARTS DESP</i>
		<i>600</i>	<i>5</i>	<i>1</i>	<i>CATCH PSD</i>
		<i>1500</i>	<i>7</i>	<i>1/4</i>	<i>7 bbl out - STOP - 30 SK IN PERFS</i>
		<i>1500</i>			<i>STAGEING</i>
<i>1520</i>					<i>RELEASE - HEAD</i>
	<i>1100-300</i>		<i>20</i>	<i>1 1/4</i>	<i>REVERSE OUT - 10 bbl CEMENT</i>
		<i>1250</i>			<i>REPSI SQUARE</i>

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1230 JOB COMPLETE White - Accounting • Canary - Customer • Pink - Field Office *THANKS KEVIN* Printed: 1/1

ALLIED CEMENTING CO., INC.

Federal Tax I.D.#

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

SERVICE POINT:

Mechanics

DATE <u>1-20-04</u>	SEC <u>02</u>	TWP. <u>30s</u>	RANGE <u>14w</u>	CALLED OUT <u>7:00 pm</u>	ON LOCATION <u>8:00 pm</u>	JOB START <u>5:10 am</u>	JOB FINISH <u>6:00 am</u>
LEASE <u>Hecander</u>	WELL # <u>1</u>	LOCATION <u>281 & Elm mill Rd. 10 1/2 mi west</u>			COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)			<u>1/4 north East into</u>				

CONTRACTOR Starling #4 OWNER mat operations

TYPE OF JOB Surface

HOLE SIZE 17 1/2 T.D. 230

CASING SIZE 13 3/8 48.0 DEPTH 226

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 230

TOOL _____ DEPTH _____

CEMENT

AMOUNT ORDERED 225 ss class A + 2% gel + 1% Amm. Chloride

PRES. MAX 200 MINIMUM 50

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS _____

DISPLACEMENT 31 bbl fresh h₂O

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Mike Rucker

265 HELPER Bill meado

BULK TRUCK _____

242 DRIVER Tracy Cushmanberg

BULK TRUCK _____

_____ DRIVER _____

TOTAL _____

REMARKS:

Pipe on bottom break Circulation. Start
Prod. Cement 225 ss A + 2% gel + 2% gel +
1% Amm. Chloride @ 15.2 weight. Stop
Pumps. Plug Warden Plug Start Disp.
@ 35 bbl Disp. Stop Pumps leave 15'
Cement in 1348 Cement Did Circulate

Circ. 25 ss to pit

SERVICE

DEPTH OF JOB 226

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG Warden _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: MAT operations

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

NONE

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature] PRINTED NAME _____

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