

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

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AUG 17 2001

Form ACO-1
September 1995
Form Must Be Typed

KCC WICHITA COPY

Operator: License # 31302
 Name: Jones & Buck Development
 Address: P.O. Box 68
 City/State/Zip: Sedan, KS 67361
 Purchaser: Quest Energy Co.
 Operator Contact Person: P.J. Buck
 Phone: (620) 725-3636
 Contractor: Name: McPherson Drilling
 License: 5495
 Wellsite Geologist: Thomas H. Oast

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____
03-31-01 4-17-01 5-08-01
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 019-26558-0000
 County: Chautauqua
 C W 1/2 SE SE Sec. 9 Twp. 34 S. R. 12 East West
635 feet from (S) / N (circle one) Line of Section
1000 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Oscar Well #: 1A
 Field Name: Sedan/Peru
 Producing Formation: Mississippi
 Elevation: Ground: 790 Kelly Bushing: 795
 Total Depth: 1679 Plug Back Total Depth: 1630
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1650
 feet depth to surface w/ 220 _____ sx cml.

Drilling Fluid Management Plan As 11 11/10/01 JB
 (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 statement herein are complete and correct to the best of my knowledge.
 Signature: [Signature]
 Title: Partner Date: 8-16-01
 Subscribed and sworn to before me this 16th day of August,
2001.
 Notary Public: [Signature]
 Date Commission Expires: 2-5-05

NOTARY PUBLIC, State of Kansas
REDA TALBOT
 My Comm. Exp. 2-5-05

KCC Office Use ONLY

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

Operator Name: Jones & Buck Development Lease Name: Oscar Well #: 1A
 Sec. 9 Twp. 34 S. R. 12 East West County: Chautauqua

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: Gamma-Ray/Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Pawnee Lime</td> <td>1110</td> <td>-320</td> </tr> <tr> <td>Oswego Lime</td> <td>1204</td> <td>-414</td> </tr> <tr> <td>Breezy Hill Lime</td> <td>1270</td> <td>-480</td> </tr> <tr> <td>Verdigris lime</td> <td>1311</td> <td>-521</td> </tr> <tr> <td>Mississippi Chat</td> <td>1654</td> <td>-864</td> </tr> </tbody> </table>	Name	Top	Datum	Pawnee Lime	1110	-320	Oswego Lime	1204	-414	Breezy Hill Lime	1270	-480	Verdigris lime	1311	-521	Mississippi Chat	1654	-864
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Mississippi Chat	1654	-864																	

CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12"	8 5/8"		40	Portland	12	
Production	8 3/4"	4 1/2"	10 1/2	1650	50/50 Poz	220	

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
	CIBP Set @ 1630'		
2	1262 - 1274	400 gallon HCL acid	1262-
		10,000 lbs. Frac Sand	1274
		300 BBL Water	

TUBING RECORD	Size 2 3/8"	Set At 1200	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. 5-10-01	Producing Method <input type="checkbox"/> Flowing <input checked="" 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 10	Water Bbls. 100	Gas-Oil Ratio	Gravity
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Disposition of Gas METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____

ACKARMAN HARDWARE and LUMBER CO
 160 EAST MAIN STREET
 SEDAN, KS 67361

RECEIVED

AUG 17 2001

PHONE: (316) 725-3103

THANKS FOR YOUR BUSINESS!!

KCC WICHITA

APL 15-019-26558-00-00

COPY

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	DATE	TIME
253636				NET 10TH	3/31/01	8:41

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JONES & BUCK DEVELOPMENT
 P. O. BOX 68

 SEDAN KS 67361

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Oscar

DOC# 39788

 * INVOICE *

TAX : 001 KANSAS SALES TAX

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUBG	UNITS	PRICE/PER	EXTENSION
12		EA	RM44816	PORTLAND CEMENT 94#		12	7.30 /EA	87.60
				PICKED UP BY MATT				

** AMOUNT CHARGED TO STORE ACCOUNT **

93.21	TAXABLE	87.60
	NON-TAXABLE	0.00
	SUBTOTAL	87.60

X 
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TAX AMOUNT	5.61
TOTAL AMOUNT	93.21

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

RECEIVED

AUG 17 2001

TICKET NUMBER **17283**

LOCATION Biville

TREATMENT REPORT

FOREMAN Harold Reed

COPY

15.019.26558.00:00

DATE 4-18-01	CUSTOMER ACCT #	WELL NAME Carter	QTR/QTR	SECTION	TWP	RGE	COUNTY CO.	FORMATION
CHARGE TO JBD				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 3/4
TOTAL DEPTH	
CASING SIZE	4 1/2
CASING DEPTH	1650
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Got circulation ran 200 sg gel then 220 sgk. 50/50 2 7/8 5" 590 12" dropped plug displaced to 1650. Set shoe left 160" on casing

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	5
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	60
MAXIMUM BPM	
AVERAGE BPM	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.