

CONFIDENTIAL

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

ORIGINAL

Operator: License # 30076
 Name: Andy Anderson dba: A & A PRODUCTION
 Address: PO BOX 100
 City/State/Zip: HILL CITY KS 67642
 Purchaser: NCRA
 Operator Contact Person: ANDY ANDERSON
 Phone: (785) 421-2234
 Contractor: Name: HT OIL LLC
 License: 32890
 Wellsite Geologist: KITT NOAH
 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. _____
 Spud Date or Recompletion Date: 05-03-04 05-11-04 06-07-04
 Date Reached TD: _____ Completion Date or Recompletion Date: _____

API No. 15 - 065-22974-00-00
 County: GRAHAM
NW NE NW SE Sec. 2 Twp. 8 S. R. 24 East West
2570 feet from (S) N (circle one) Line of Section
1780 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: ANDERSON Well #: 1
 Field Name: PENOKEE
 Producing Formation: KANSAS CITY
 Elevation: Ground: 2349 Kelly Bushing: _____
 Total Depth: 3850 Plug Back Total Depth: 3675
 Amount of Surface Pipe Set and Cemented at 204' @ 209' W 150 SACKS Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1992 Feet
 Alternate II completion, cement circulated from 1992
 feet depth to 0 w/ 290 _____ sx cmt.
ACT II W Am 11-27-08
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 12000 ppm Fluid volume 380 bbls
 Dewatering method used EVAPORATE
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

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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 reports 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: Andy Anderson
 Title: OPERATOR Date: 06-28-04
 Subscribed and sworn to before me the 28th day of June
2004
 Notary Public: Rita A. Anderson
 Date Commission Expires: Jan 21, 2008

KCC Office Use ONLY

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

NOTARY PUBLIC
STATE OF KANSAS
RITA A. ANDERSON
 NOTARY PUBLIC
 STATE OF KANSAS
 My App. Exp. 1-21-08

ORIGINAL

Operator Name: Andy Anderson dba: A & A PRODUCTION Lease Name: ANDERSON Well #: 1
 Sec. 2 Twp. 8 S. R. 24 East West County: GRAHAM

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final porosities of all 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.

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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)

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum			<input type="checkbox"/> Sample
Name	Top	Datum	
ANHYDRITE	2000	+354	
B/ANHYDRITE	2032	+322	
TOPEKA	3365	-1011	
HEEBNER	3575	-1221	
TORONTO	3596	-1242	
LANSING	3608	-1254	
B/KC	3820	-1466	

List All E. Logs Run:
RADIATION GUARD LOG
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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	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	20	209	60/40 POZ	150	3% CC 2% GEL
PRODUCTION	7 7/8"	4 1/2"	20	3847	COM	175	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	1992	60/40 POZ	290	60/40 POZ 8% GEL, 1/4# FLO-SEAL

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
4	3794 - 3797	250 GAL 15% ACID; 1GAL INHIBITOR; 2 GAL CLO-FIX		3797
4	3741 - 3744	250 GAL; 15% ACID; 1 GAL-INHIBITOR; 2 GAL-CLO-FIX		3744
4	3682.5 - 3685.5	250 GAL; 15% ACID; 1-GAL INHIBITOR; 2 GAL-CLO-FIX		3685.5
4	3638 - 3640	250 GAL; 15% ACID; 1-GAL INHIBITOR; 2GA CLO-FIX		3640
	4 1/2" Bolt Bridge Plug @ 3770' and 3675'			

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	3640	3675	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method				
06-10-04	<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
	24	0		50%	36.2

Disposition of Gas: Vented Sold Used on Lease (If vented, Submit ACD-18.)
 METHOD OF COMPLETION: Open Hole Plug
 Production Interval: Other (Specify) Quality Comp. Commingled

RELEASED
FROM
CONFIDENTIAL

KCC
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ALLIED CEMENTING CO., INC. 5922

Federal Tax ID: [REDACTED]
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REMIT TO P.O. BOX 31
 RUSSELL, KANSAS 67665

SERVICE POINT:
 OAK TREE

DATE <u>5-3-04</u>	SEC. <u>2</u>	TWP. <u>8S</u>	RANGE <u>24W</u>	CALLED OUT	ON LOCATION <u>10:30 AM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>11:30 AM</u>
LEASE <u>ANDERSON</u>	WELL # <u>1</u>	LOCATION <u>PEWEE 1N-2E-2W</u>			COUNTY <u>GRAHAM</u>	STATE <u>KCC</u>	

JUL 07 2004

CONTRACTOR <u>H T ORLLO</u>	OWNER <u>SAHIE</u>
TYPE OF JOB <u>SURFACE</u>	CONFIDENTIAL
HOLE SIZE <u>12 1/4"</u> T.D. <u>218</u>	CEMENT
CASING SIZE <u>8 1/2"</u> DEPTH <u>218</u>	AMOUNT ORDERED <u>150 SKS 60/40 PER 5% SKL</u>
TUBING SIZE DEPTH	<u>27068L</u>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>90 SKS @ 8 1/2" 196 50</u>
MEAS. LINE SHOE JOINT	POZMIX <u>60 SKS @ 4 1/2" 240 50</u>
CEMENT LEFT IN CSG. <u>15</u>	GEL <u>3 SKS @ 11 1/2" 24 50</u>
PERFS.	CHLORIDE <u>5 SKS @ 30 150 50</u>
DISPLACEMENT <u>12 3/4 BBL</u>	

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EQUIPMENT

PUMP TRUCK # <u>171</u>	CEMENTER <u>FERRY</u>	HELPER <u>WAYNE</u>
BULK TRUCK # _____	DRIVER <u>LOANEE</u>	
BULK TRUCK # _____	DRIVER _____	

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HANDLING <u>158 SKS @ 1 1/2" 197 50</u>
MILEAGE <u>054 PER SKI 151L 2174 50</u>

RECEIVED

TOTAL 1891 50

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REMARKS:

CEMENT NOT CURED

THANK YOU

CHARGE TO: AAA Production

STREET _____

CITY _____ STATE _____ ZIP _____

DEPTH OF JOB <u>218'</u>	
PUMP TRUCK CHARGE <u>220 50</u>	
EXTRA FOOTAGE @ _____	
MILEAGE <u>60 MI @ 4 1/2" 240 50</u>	
PLUG @ _____	
_____ @ _____	
_____ @ _____	

TOTAL 160 50

FLOAT EQUIPMENT

<u>8 3/8 SURFACE RIG @ 45 50</u>
RELEASED FROM CONFIDENTIAL

TOTAL 45 50

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

ALLIED CEMENTING CO., INC.

5932

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

CONFIDENTIAL

SERVICE POINT:

Oakley

DATE <i>5-11-04</i>	SEC. <i>2</i>	TWP. <i>8S</i>	RANGE <i>24W</i>	CALLED OUT	ON LOCATION <i>12:30 PM</i>	JOB START <i>4:30 AM</i>	JOB FINISH <i>5:15 PM</i>
LEASE <i>Maderson</i>	WELL # <i>1</i>	LOCATION <i>Penokee NW 1/4 E 1/2 N</i>		COUNTY <i>Graham</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)						KCC	

CONTRACTOR *H T Ditz*

TYPE OF JOB *long string*

HOLE SIZE *7 7/8* T.D. *3850'*

CASING SIZE *4 1/2* DEPTH *3844'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL *Port Collar* DEPTH *2010'*

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *2771'*

CEMENT LEFT IN CSG. *2771'*

PERFS.

DISPLACEMENT *60 3/4 Bbls*

OWNER *Same* **JUL 07 2004**

CEMENT **CONFIDENTIAL**

AMOUNT ORDERED *175 sks Cem 18% Salt*
500 gal WFR-2

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

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EQUIPMENT

PUMP TRUCK CEMENTER *Down*

373-251 HELPER *Andrew*

BULK TRUCK

218 DRIVER *Louise*

BULK TRUCK

DRIVER

TOTAL _____

REMARKS:

Plug Rat Hole w/ 155 lbs
175 500 gal w FR 2 Mateore
Plug Rat Hole
4 1/2 Egg pump 175 sks Cem 18% Salt
Wash TRK + line Pump Plug
Plug Landri
Float Holes

Thank you

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *H/A Production*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

4 1/2

4 1/2 Rubber Plug @ _____

Guide shoe @ _____

AFU Insert @ _____

5 - Centralizers @ _____

1 - Basket @ _____

1 - Port Collar @ _____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS