

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31473
Name: BG-5 Inc.
Address: 3939 Ellis Road
City/State/Zip: Rantoul, KS 66079
Purchaser: CMI
Operator Contact Person: Jim Patton
Phone: (785) 241-4016
Contractor: Name: Town Oil
License: 6142
Wellsite Geologist: None

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>11/6/05</u>	<u>11/09/05</u>	<u>12/20/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25104-00-00
County: Franklin
NE NE SE NE Sec. 13 Twp. 18 S. R. 20 East West
3760 feet from (S) N (circle one) Line of Section
700 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Trent Burkdoll Well #: T63
Field Name: Rantoul
Producing Formation: Squirrel
Elevation: Ground: N/A Kelly Bushing: _____
Total Depth: 782 Plug Back Total Depth: 763.5
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 782
feet depth to 0 w/ 98 sx cmt.
ACT II WITH 7-28-05

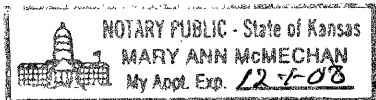
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: [Signature] Date: 7/14/06
Subscribed and sworn to before me this 14 day of July,
2006.
Notary Public: [Signature]
Date Commission Expires: _____

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



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Operator Name: BG-5 Inc. Lease Name: Trent Burkdoll Well #: T63
 Sec. 13 Twp. 18 S. R. 20 East West County: Franklin

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 checked="" type="checkbox"/> Yes <input 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/ccl	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>1 st Squirrel</td> <td>666</td> <td>680</td> </tr> <tr> <td>3 rd Squirrel</td> <td>732.5</td> <td>740.5</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	1 st Squirrel	666	680	3 rd Squirrel	732.5	740.5
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Name	Top	Datum											
1 st Squirrel	666	680											
3 rd Squirrel	732.5	740.5											

CASING RECORD <input 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
Casing	6.75	4.5	10	765.7	50/50	98	
Surface	12.25	8 5/8		20	Portland	6	

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	660 680		
2	732.5 740.5		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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
	1	n/a	2		28

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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KCC WICHITA

620-431-9210 OR 800-467-8676

TREATMENT REPORT & FIELD TICKET

CEMENT

LOCATION: Wichita
 FOREMAN: Fr. Mader

DATE: <u>11-9-05</u>	CUSTOMER#: <u>1564</u>	WELL NAME & NUMBER: <u>T. Burkdoll #63</u>	SECTION: <u>13</u>	TOWNSHIP: <u>18</u>	RANGE: <u>20</u>	COUNTY: <u>FR</u>
Mailing Address: <u>B G S Inc.</u>			TRUCK #: <u>372</u>	DRIVER: <u>Fred</u>	TRUCK #: <u>195</u>	DRIVER: <u>Jason</u>
City: <u>Rantoul</u>			Casing Size & Weight: <u>4 1/2</u>			
State: <u>KS</u>			Hole Depth: <u>782</u>			
Zip Code: <u>66079</u>			Casing Depth: <u>765'</u>			

Job Type: Long string HOLE SIZE: 6 3/4 HOLE DEPTH: 782 CASING SIZE & WEIGHT: 4 1/2

Slurry Weight: _____ SLURRY VOLUME: _____ WATER gal/sk: _____ OTHER: _____

Displacement: 12.1 DISPLACEMENT PSI: _____ MIX PSI: _____ CEMENT LEFT in CASING: 4 1/2 Rubber Plus

REMARKS: Establish Circulation. Mix Pump 150# Premium Gel w/ 10 BBL water. Flush Mix Pump 7 BBL Dye Ahead. 6% salt 5# Kol Seal. Flush Pump Clean. Displace rubber plug to casing TD w/ 12.1 BBL Fresh Water. Pressure to 600 PSI. Release pressure to set float valve. Check plug depth w/ wire line.

Town Drilling. Rig Supplied water. Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		
5406	15 mi	Cement Pump Truck	164	765.00
5407	Minimum	Ton Mileage	195	45.00
				260.00
1124	98 SK	50/50 Premium Gel		
1118B	7 SK	Premium Gel		737.90
1110A	11 SK	Kol Seal		46.41
1111	225	Granulated salt		185.20
4404	1	4 1/2 Rubber Plug		63.00
				38.00
		Sub Total		2143.31
		Tax @ 6.8%		72.97
				2216.18

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JUL 27 2006
KCC WICHITA
 SALES TAX: _____
 ESTIMATED TOTAL \$ 2216.18
 DATE _____

AUTHORIZATION: _____ TITLE: Watt 200886