

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: _____
Operator Contact Person: ANDY ANDESON
Phone: (785) 421-6266
Contractor: Name: HT OIL LLC
License: 32890
Wellsite Geologist: KITT NOAH

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Designate Type of Completion:

- New Well
- Re-Entry
- Workover
- Oil
- SWD
- SLOW
- Temp. Abd.
- Gas
- ENHR
- SIGW
- Dry
- Other (Core, WSW, Expl., Cathodic, etc)

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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. _____

06-10-04 6-16-04 6-16-04
~~06-17-04~~ ~~06-17-04~~ ~~06-17-04~~
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-22972-00-00
County: GRAHAM
E/2 - E/2 - NW - Sec. 2 Twp. 9 S. R. 23 East West
1280 feet from S (N) (circle one) Line of Section
2300 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE **NW** SW

Lease Name: AMBROSIER Well #: 1

Field Name: _____

Producing Formation: _____

Elevation: Ground: 2216 Kelly Bushing: _____

Total Depth: 3770 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 206'@ 21' W/ 160 SACKS Feet

Multiple Stage Cementing Collar Used? Yes No

_____, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

_____ depth to _____ w/ _____ sx cmt.

ALT II WITH 11-27-06

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 12,000 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, 100 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 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: Andy Anderson
Title: OPERATOR Date: 06-22-04

Subscribed and sworn to before me this 22 day of June

20 04

Notary Public: [Signature]

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

Jan 21, 2008

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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Side Two

ORIGINAL

Operator Name: Andy Anderson dba: A & A PRODUCTION Lease Name: AMBROSIER Well #: 1
Sec. 2 Twp. 9 S. R. 23 East West County: GRAHAM

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>ANDYDRITE</td> <td>1886</td> <td>+ 335</td> </tr> <tr> <td>B/ANHYDRITE</td> <td>1917</td> <td>+ 304</td> </tr> <tr> <td>TOPEKA</td> <td>3320</td> <td>-1099</td> </tr> <tr> <td>HEENER</td> <td>3533</td> <td>-1312</td> </tr> <tr> <td>TOTONTO</td> <td>3559</td> <td>-1339</td> </tr> <tr> <td>LANSING</td> <td>3574</td> <td>-1353</td> </tr> <tr> <td>B/KC</td> <td colspan="2">NOT REACHED</td> </tr> </tbody> </table>	Name	Top	Datum	ANDYDRITE	1886	+ 335	B/ANHYDRITE	1917	+ 304	TOPEKA	3320	-1099	HEENER	3533	-1312	TOTONTO	3559	-1339	LANSING	3574	-1353	B/KC	NOT REACHED	
Name	Top		Datum																							
ANDYDRITE	1886		+ 335																							
B/ANHYDRITE	1917		+ 304																							
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HEENER	3533	-1312																								
TOTONTO	3559	-1339																								
LANSING	3574	-1353																								
B/KC	NOT REACHED																									
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 <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
List All E. Logs Run:																										

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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
SURFACE	12 1/4"	8 5/8"	20	211	60/40 POZ	160	3% CC 2% GEL

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input 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

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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> _____

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ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID

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 * INVOICE *

Invoice Number: 093550

Invoice Date: 06/17/04

Sold A & A Production
 To: P. O. Box 100
 Hill City, KS
 67642

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Cust I.D.....: A&APro
 P.O. Number...: Ambrosier #1
 P.O. Date.....: 06/17/04

Due Date.: 07/17/04
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	160.00	SKS	7.6500	1224.00	T
Gel	3.00	SKS	11.0000	33.00	T
Chloride	5.00	SKS	30.0000	150.00	T
Handling	168.00	SKS	1.2500	210.00	E
Mileage (70)	70.00	MILE	8.4000	588.00	E
168 sks @\$.05 per sk per mi					
Surface	1.00	JOB	520.0000	520.00	E
Mileage pmp trk	70.00	MILE	4.0000	280.00	E
Plug	1.00	EACH	45.0000	45.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 305.00
 ONLY if paid within 30 days from Invoice Date

Subtotal:	3050.00
Tax.....:	80.59
Payments:	0.00
Total....:	3130.59

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4825.59

ALLIED CEMENTING CO., INC.

Federal Tax I.D.#

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

SERVICE POINT: 12

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	WELL #	LOCATION			COUNTY	STATE	
OLD OR NEW (Circle one)							

CONTRACTOR _____
 TYPE OF JOB _____
 HOLE SIZE _____ T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER _____
 # HELPER _____
 BULK TRUCK _____
 # DRIVER _____
 BULK TRUCK _____
 # DRIVER _____

REMARKS:

RECEIVED

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KCC WICHITA

CHARGE TO: _____
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

OWNER _____
 CEMENT AMOUNT ORDERED _____
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 ASC _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

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SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

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TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____

ALLIED CEMENTING CO., INC.
P.O. BOX 31
RUSSELL, KS 67665
PH (785) 483-3887
FAX (785) 483-5566
FEDERAL TAX ID#

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*
* **I N V O I C E** *
*

Invoice Number: 093551

Invoice Date: 06/17/04

Sold A & A Production
To: P. O. Box 100
Hill City, KS
67642

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Cust I.D.....: A&APro
P.O. Number...: Ambrozier #1
P.O. Date.....: 06/17/04

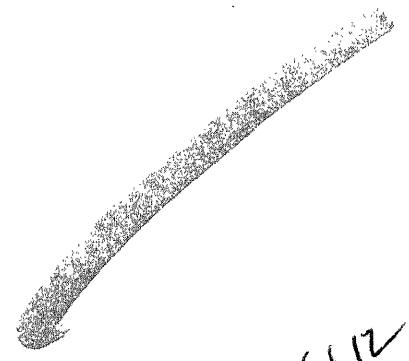
Due Date.: 07/17/04
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	114.00	SKS	8.8500	1008.90	T
Pozmix	76.00	SKS	4.0000	304.00	T
Gel	10.00	SKS	11.0000	110.00	T
FloSela	48.00	LBS	1.4000	67.20	T
Handling	200.00	SKS	1.2500	250.00	T
Mileage (60)	60.00	MILE	10.0000	600.00	T
200 sks @\$.05 per sk per mi					
Plug	1.00	JOB	520.0000	520.00	T
Mileage pmp trk	60.00	MILE	4.0000	240.00	T
Dryhole Plug	1.00	EACH	23.0000	23.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$312.31
ONLY if paid within 30 days from Invoice Date

Subtotal:	3123.10
Tax.....:	173.33
Payments:	0.00
Total....:	3296.43

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2984.12

10:00 P.M.

ALLIED CEMENTING CO., INC.

13514

Federal Tax I.D.#

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

SERVICE POINT:

Oakley

DATE 6-16-04	SEC 8	TWP. 9	RANGE 23	CALLED OUT	ON LOCATION 7:25 AM	JOB START 8:00 PM	JOB FINISH 10:00 PM
LEASE Ambrosini	WELL # 1	LOCATION Hill City HS 1/2 W 9th		COUNTY Graham	STATE KS		

OLD OR NEW (Circle one)

CONTRACTOR H T Drlg

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3770

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH 1925

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER See well

CEMENT AMOUNT ORDERED 190 SKS 60/40 Ppt 650 Gel 1/4" FloSoc

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COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

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EQUIPMENT

PUMP TRUCK CEMENTER Dean

373-281 HELPER Fuzzy

BULK TRUCK # 377 DRIVER Mike

BULK TRUCK # _____ DRIVER _____

TOTAL _____

REMARKS:

1st Plug 1925' w/25 SKS

2nd Plug 1027' w/100 SKS

3rd Plug 250' w/40 SKS

10 SKS 40' w/ Plug

15 SKS in Rat Hole

Thank you

SERVICE

DEPTH OF JOB 1925'

PUMP TRUCK CHARGE _____

EXTRA EQUIPMENT _____

MILEAGE _____ @ _____

PLUG _____ @ _____

TOTAL _____

CHARGE TO: A-A Production

STREET _____

CITY _____ STATE _____ ZIP _____

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FLOAT EQUIPMENT

83 SKS Dry Hole Plug @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS