

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 # 33366
Name: Charles D. Roye
Address: P.O. Box 191
City/State/Zip: Girard, KS 66743
Purchaser: Unimark
Operator Contact Person: Marvin J. Strobel
Phone: (620) 362-4906
Contractor: Name: MO-KAT Drilling
License: 5831
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. _____

430/04 5/2/04 5/5/04
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 037-21628-00-00

County: Crawford

SW SW SW Sec. 13 Twp. 28 S. R. 23 East West

350 feet from N (circle one) Line of Section

4930 feet from E (circle one) Line of Section

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

Lease Name: Chris Johnson Well #: 1

Field Name: Cherokee Coals Gas Field

Producing Formation: Bartlesville

Elevation: Ground: 1031 Kelly Bushing: _____

Total Depth: 606 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 606

feet depth to surface w/ 83 sx cmt.

2-507 WTM

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 this 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: Charles D. Roye

Title: Operator Date: 2/1/05

Subscribed and sworn to before me this 1st day of Feb., 2005

Notary Public: R. Ward

Date Commission Expires: August 15, 2007

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
FEB 07 2005
KCC WICHITA

✓

Operator Name: Charles D. Roye Lease Name: Chris Johnson Well #: 1
 Sec. 13 Twp. 28 S. R. 23 East West County: Crawford

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 (Attach Additional Sheets) 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 type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Open Hole Logs Gamma Ray/Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Pawnee Lime</td> <td>26</td> <td></td> </tr> <tr> <td>Oswego Lime</td> <td>132</td> <td></td> </tr> <tr> <td>Mulky Shale</td> <td>160</td> <td></td> </tr> <tr> <td>Mineral Coal</td> <td>301</td> <td></td> </tr> <tr> <td>Bartlesville Sand</td> <td>510</td> <td></td> </tr> <tr> <td>Riverton Coal</td> <td>564</td> <td></td> </tr> <tr> <td>Mississippi Chat</td> <td>576</td> <td></td> </tr> <tr> <td></td> <td>T.D. 606</td> <td></td> </tr> </table>	Name	Top	Datum	Pawnee Lime	26		Oswego Lime	132		Mulky Shale	160		Mineral Coal	301		Bartlesville Sand	510		Riverton Coal	564		Mississippi Chat	576			T.D. 606	
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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	11 ^{1/2} "	8 ^{1/2} 625 ^{1/2} "	24#	22'		5	
Production	6.75"	4.5"	10.5#	606'		83	

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	510-520		

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. <u>waiting on pipeline</u>		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
		20			

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

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

Production Interval _____

LOWE'S

MUSKOGEE, OK
(918) 686-8800

-SALE-

SALES #: SD124762 77822 02-27-04
TER: 001257 SUGGS, RUSSELL

10352 CEMENT PORTLAND 9 575.40
105 @ 5.48
99898 CHARGEABLE PALLET 30.00
3 @ 10.00

SUBTOTAL: 605.40
TAX 38010 : 0.00
INVOICE 53655 TOTAL: 605.40

BALANCE DUE: 605.40

LCC : 605.40

LCC XXXXXXXXXXXX9905 901633
AMOUNT: 605.40

0124 TERMINAL: 53 02/27/04 14:40:35



THANK YOU SUGGS, RUSSELL
FOR SHOPPING LOWE'S

RECEIPT REQUIRED FOR CASH REFUND.
CHECK PURCHASE REFUNDS REQUIRE
15 DAY WAIT PERIOD FOR CASH BACK.
STORE MGR: KIRK ARNOLD

WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL
BEAT IT BY 10%. SEE STORE FOR DETAILS

Account Number	Billing Date	Payment Due Date	Days in Billing Period
022 2210 216990 5	03-12-04	04-07-04	28

Date	Reference Number	Description	Amount
		CREDIT LINE	\$1600
02-27	53655	STORE 0124 MUSKOGEE,OK,ADMINISTRATIVE ITEMS, CEMENT/MASONRY - PORTLAND & MORTAR.	605.40

Please note: A copy of the privacy policy that applies to your account is enclosed for your information and review. If you previously exercised your choice under the policy, you need not do so again.

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REG = REGULAR PURCHASE PLAN

Lowé's stores have over 250 appliances in stock, with all the brand names you count on. Take it home today! Or, if you can't take it with you... We'll deliver it tomorrow, 7 days a week!

Plan	Previous Balance	Payments & Credits	FINANCE CHARGE	- Purchases	+ Insurance & Debits	= New Balance	Minimum Payment
REG	.00	.00	.00	605.40	.00	605.40	17.00
TOTAL	.00	.00	.00	605.40	.00	605.40	17.00

Plan	The finance charge is determined by applying a periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To that part of the balance subject to finance charge up to	And a periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To that part of the balance in excess of	If plan imposes a finance charge balance subject to finance charge for this billing is	Such balance was determined (as explained on reverse side) by Method 1
REG	.05754% DAILY	21.00%	ENTIRE BALANCE					

PAYMENT DUE BY 5 P.M. ON THE DUE DATE. Purchases, returns, and payments made just prior to billing date may not appear until next month's statement. Unless promotional call for special terms, additional finance charges can be avoided if we receive the new balance by 5 p.m. on the due date. If you send us a check or other form as payment for all or any portion of this billing statement, and that check or item is returned to us as unpaid for insufficient or uncollected funds, you agree that we may obtain payment for the check or item by initiating an ACR (electronic) debit to your account in the amount of the check or item. Your check or item will not be returned to you by us or your bank.

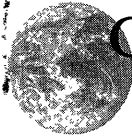
INQUIRIES:
Send inquiries (not payment) and your account number to:
PO BOX 103080
ROSWELL, GA 30076

CUSTOMER SERVICE:
For account information call toll free:
(800)444-1408

PAYMENTS:
Send payments to:
PO BOX 105980 DEPT.79
ATLANTA GA 30353-5980

NOTICE: See reverse side for important Billing Rights and other information.

Telephoning about billing errors will not preserve your rights under federal law. To preserve your rights, please write to the Billing Rights Summary Address on reverse side.



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER **24400**

LOCATION Chanute

FIELD TICKET

DATE <u>5/5/04</u>	CUSTOMER ACCT # <u>3056</u>	WELL NAME # <u>Chris Johnson #1</u>	QTR/QTR	SECTION <u>13</u>	TWP <u>27</u>	RGE <u>23</u>	COUNTY <u>Crawford</u>	FORMATION
CHARGE TO <u>Galaxy Energy</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<u>5401</u>	<u>1 well</u>	<u>PUMP CHARGE Cement Pump</u>		<u>675-</u>
<u>1118</u>	<u>4 Sacks</u>	<u>Prom Gel 2 In Cement 2 Ahead of Job</u>		<u>47.20</u>
<u>1107</u>	<u>1 Sack</u>	<u>Flo Seal</u>		<u>39.75</u>
<u>4404</u>	<u>1</u>	<u>4 1/2 Rubber Plug</u>		<u>35.-</u>
<u>5407</u>	<u>min milage</u>	BLENDING & HANDLING TON-MILES <u>Delivery</u> STAND BY TIME MILEAGE		<u>190-</u>
<u>5502C</u>	<u>4 hr</u>	WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		<u>300-</u>
<u>1124</u>	<u>83</u>	CEMENT <u>50/50 2% gel</u> <u>1/4 # Flo Seal</u>	<u>6.60</u> SALES TAX	<u>547.80</u> <u>42.07</u>
ESTIMATED TOTAL				<u>1874.82</u>

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KCC WICHITA

*5% discount offered for payment
within 10 days. + account is up to date
@ zero balance.*

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN Dwayne

CUSTOMER or AGENT (PLEASE PRINT)

DATE

[Signature]

190066

Ravin 2790