

CONFIDENTIAL

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

Form ACO-1
September 1999
Form Must Be Typed

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 A. Oast

API No. 15 - 037-21605-00-00
County: Crawford
SE SW SW Sec. 11 Twp. 28 S. R. 23 East West
380 feet from (S) / N (circle one) Line of Section
4300 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Gladson Well #: 1
Field Name: Cherokee Coal Beds
Producing Formation: Mississippi Chat
Elevation: Ground: 996 Kelly Bushing: _____
Total Depth: 632 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 632
feet depth to surface w/ 100 sx cmt.
Act II within 2-3-07

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.: _____

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. _____
3/9/04 3/10/04 3/23/04
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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: 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: Gladson Well #: 1
 Sec. 11 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>Cement Bond</u> <u>Radioactivity</u> <u>Gamma Ray/ Neutron</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <u>Pawnee Lime 48</u> <u>Oswego Lime 152</u> <u>Mulky Shale 182</u> <u>Mineral Coal 322</u> <u>Riverton Coal 568</u> <u>Mississippi Chat 582</u> T.D. 632
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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"	8.625"	24#	22'		6	
Production	6.75"	4.5"	10.5#	626'		100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Usod	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				

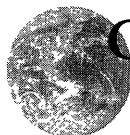
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	583-89	200 gal. 15% HCL acid	583-9

TUBING RECORD		Size	Set At	Packer At	Linor Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>awaiting 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
		25			

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 _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

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

TICKET NUMBER **24261**

LOCATION Chanute

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3/12/04	3056	Gladson		11	28 S.	23	Crowford	
CHARGE TO <u>Galaxy Energy</u>				OWNER				
MAILING ADDRESS <u>211 E Forest Ave P.O. Box 191</u>				OPERATOR				
CITY & STATE <u>Girard KS 66743</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	2nd well	PUMP CHARGE Cement Pump		445.-
1118	4 Sacks	Prem Gel		47.20
1111	200 #	Salt		50.-
1110	10 Sacks	Gilsonite		194.00
1107	1 Sack	Flo Seal		37.75
4404	1	4 1/2 Rubber Plug		27.-
		BLENDING & HANDLING		
5407	40 mi	TON-MILES		NA
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	72 hr	VACUUM TRUCKS		150.-
		FRAC SAND		
1124	1000	CEMENT		660.-
			SALES TAX	64.00
			ESTIMATED TOTAL	1674.95

RECEIVED

FEB 07 2005

KCC WICHITA

Ravin 2790

CUSTOMER or AGENTS SIGNATURE _____

CIS FOREMAN Owayne

CUSTOMER or AGENT (PLEASE PRINT) _____

DATE _____

189265

