

RECEIVED

MAY 24 2004

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6039
Name: L. D. Drilling, Inc.
Address: 7 SW 26th Avenue
City/State/Zip: Great Bend, KS 67530
Purchaser: Eaglwing
Operator Contact Person: L. D. Davis
Phone: (620) 793-3051
Contractor: Name: Duke Drilling, Inc.
License: 5929
Wellsite Geologist: Kim Shoemaker

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. _____

2-19-04 2-28-04 3-3-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23214-00-00
County: Stafford County, Kansas
NW - SW - SW - Sec. 12 Twp. 21 S. R. 13 East West
777 feet from (S) N (circle one) Line of Section
536 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Hall "B" Well #: 4
Field Name: Mueller

Producing Formation: Arbuckle
Elevation: Ground: 1859' Kelly Bushing: 1867'
Total Depth: 3537' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 350 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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.

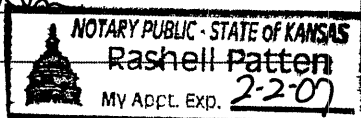
Signature: [Signature]

Title: Secretary/Treasurer Date: 5-19-04

Subscribed and sworn to before me this 19th day of May

Notary Public: Rashell Patten

Date Commission Expires: 2-2-07



KCC Office Use ONLY

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

TREATMENT REPORT



Customer ID	Date
Customer L.D. Dalg Ing	2-19-04
Lease Hall B	Lease No. Well# 4

Field Order # 7899	Station Pratt	Casing 8 5/8	Depth 342	County Stafford	State KS
Type Job Surface New Well			Formation	Legal Description 12-21-13w	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 342	Tubing Size	Shots/Ft		Acid 350 sk, 60-40, 202	RATE	PRESS	ISIP	
Depth 8 5/8	Depth	From	To	Pre Pad 390 cc 14.0 Cf	Max		5 Min.	
Volume 322 PBD	Volume	From	To	Pad 7.25 + 3 14.5 ppg	Min		10 Min.	
Max Press 20.4 Bbl	Max Press	From	To	Frac 79 Bbl, 5L	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush H ₂ O	Gas Volume		Total Load	

Customer Representative	Station Manager	Treater
-------------------------	-----------------	---------

Service Units	118	45	57	35	72				
---------------	-----	----	----	----	----	--	--	--	--

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1700					On loc w/ Trk. Safety mtg
					Chg on Bottom Break Circ 4/Aj
2045	200		79	5	Mix 350 sk. Cmt @ 14.5 ppg
					Chose In Release Top Wood Plug
2105	0			4	St Disp w/H ₂ O
2111	200		20.4	0	Disp In Chose w.H.
					Circ 7 Bbl, Cmt = 30 sk
					wait 20 min Jet Cellor Full Cmt
					Job Complete
					Thank you Scotty

RECEIVED

MAY 24 2004

TREATMENT REPORT



Customer ID	Date
Customer L.D. Drlg Inc	2-28-04
Lease Hall	Lease No.
	Well # B-4

Field Order # 7904	Station Pratt KS	Casing 5 1/2	Depth	County Stafford	State KS
Type Job Long string New well			Formation	Legal Description 72-215-13 w	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth 3508	Depth PBTD	From	To	175ski 50-50 por	690 Gal/Set			5 Min.
Volume 83.4	Volume	From 1.43 ft ³	To 14.3 ppg	1090 Salt + 5 # Gil, 8	Max FLA-322	2000		10 Min.
Max Press 2000	Max Press	From	To	125 FR. 1 D.F.	Min			15 Min.
Well Connection	Annulus Vol.	From 2.10 ft ³	To 12.4 ppg	50ski A-lite	Avg			
Plug Depth	Packer Depth	From	To	5 # Gil, 4 FR	HHP Used			Annulus Pressure
				Flush	Gas Volume			Total Load
				20 Bbls Salt + 12 m.f.				

Customer Representative L.D. Davis	Station Manager Dave Autry	Treater D. Scott
---------------------------------------	-------------------------------	---------------------

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0400					On loc w/ Trki Safety mtg
					Howco PKR Shoe Bottom w/ Howco Baff
					Top S.J. Cent 2-4-6-8-10-12 Basket 2
					Drop Small Ball Circ & Tag T.D.
					pickup 20' off Bottom Drop Setting Br
0753	1200		20	1	St Salt Flush & Set PKR shoe
0756	300		12	5	St mud Flush
0802	300		5	5	H2O Spacer
0805	300		9	5	Mix 25 ski Scavenger Cmt @ 12.0 ppg
0807	200		44.2	4.8	Mix Tail Cmt @ 14.3 ppg 175 ski
0817	Ø		10	3	Chase In & Wash Pump & line
0821	100			7	Release L.D. Plug & St Disp w/ H2O
0828	350		58	7	58 Bbls Disp out lift Cmt
0834	1500		83.4	Ø	Plug Down & psi Test Csg
0836	Ø				Release psi Held
					Good Circ Thru Job
					Plug R.H. & M.H. w/ 25 ski 60-40 por
					Job Complete Thank you
					Scott HV

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • Phone (620) 672-1201 • Fax (620) 672-5383

RECEIVED

MAY 24 2004

KCC WICHITA

LOG-TECH, INC.

1011 240th Ave.

HAYS, KANSAS 67601

(785) 625-3858

11845

Date 7-27-2004

CHARGE TO: LTD. PARTS L.I.D. DRILLING, INC.
 ADDRESS _____
 R/A SOURCE NO. C-712 / OSK-543 CUSTOMER ORDER NO. VERBAC
 LEASE AND WELL NO. #4 HALL "B" FIELD MUELLER
 NEAREST TOWN GREAT BEND COUNTY STAFFORD STATE KANSAS
 SPOT LOCATION 777' SL 1.536' FWL SEC. 12 TWP. 21S RANGE 13W
 ZERO 8' NGL CASING SIZE 8 1/2" 350 WEIGHT 29#
 CUSTOMER'S T.D. 3537 LOG TECH 3570 FLUID LEVEL FULL
 ENGINEER D. LEBLONTER OPERATOR J. ROME

PERFORATING				
Description	No. Shots	From	Depth To	Amount

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>DUAL INDUCTION</u>	<u>00</u>	<u>3570</u>	<u>3570</u>	<u>.28</u>	<u>991.20</u>
	<u>300</u>	<u>3590</u>	<u>3290</u>	<u>.27</u>	<u>877.80</u>
<u>DUAL COMP POROSITY</u>	<u>00</u>	<u>3590</u>	<u>5590</u>	<u>.49</u>	<u>1739.60</u>
	<u>1650</u>	<u>3570</u>	<u>1890</u>	<u>MIN</u>	<u>900.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		<u>150.00</u>
<u>TJ- 6:00 PM</u>		
<u>AOL- 5:30 PM</u>		
<u>SJ- 7:00 PM</u>		
<u>FJ 9:15 PM</u>		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

.....	Sub Total	<u>\$1950.00</u>
Code Ref.	Tool Insurance	
.....	Tax	
.....		
.....		

[Signature]
 Customer Signature

Date

RECEIVED

MAY 24 2004

KCO WICHITA

LOG-TECH, INC.

1011 240th Ave.

HAYS, KANSAS 67601

(785) 625-3858

11865

Date 3-2-04

CHARGE TO: L.D. Drilling, Inc.

ADDRESS

R/A SOURCE NO.

CUSTOMER ORDER NO. NW

LEASE AND WELL NO. Hall B #4

FIELD

NEAREST TOWN

COUNTY Stafford

STATE KS

SPOT LOCATION

SEC. 12

TWP. 21s

RANGE 13W

ZERO 8' AGL

CASING SIZE 5 1/2"

WEIGHT

CUSTOMER'S T.D.

LOG TECH

FLUID LEVEL 1800 33K

ENGINEER K. Schmeidler

OPERATOR ERNST

PERFORATING

Description	No. Shots	Depth		Amount
		From	To	
4" HFC 3x2	6	3286	3289	
3x2	6	3300	3363	
		3283.5		
	12			166000

DEPTH AND OPERATIONS CHARGES

Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
Sonic Cement Bond Log	0	3504		.28	981.12
Logging charge	3504	2400		.26	37500

MISCELLANEOUS

Description	Quantity	Amount
Service Charge		450.00
most tele		4000.00
TRUCK Rental		4500.00

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE

Code Ref.

Sub Total

Tool Insurance

Tax

4376.12

Customer Signature

Date

[Handwritten Signature]



RECEIVED

MAY 24 2004

FIELD ORDER N^o 24195

KCC WICHITA
BOX 438 HAYSVILLE, KANSAS 67060
316-524-1225

DATE 3-04 2004

IS AUTHORIZED BY: L.D. DRUG
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HALL 'B' Well No. 4 Customer Order No. _____

Sec. Twp. Range _____ County STAFFORD State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, express implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
3001	22	MILEAGE TOOLS R.T.	1.60	13.20
3002	1	HD PACKER		7.00
3004	1	HD PLUG		6.50
1030	11	MILEAGE Pump Truck 3-02	2.00	22.00
1031	1	Pump Charge 3-02		4.00
1004	500	25% Mod 202 Acid (20.2%)	2.25	1125.00
1044	1	INHIBITOR	25.00	25.00
1030	11	MILEAGE Pump Truck 3-03	2.00	22.00
1031	1	Pump Charge 3-03		4.00
1004	1500	28% NE Acid	1.80	2700.00
1044	6	INHIBITOR	25.00	150.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		6207.20
		TOTAL BILLING		6204.70

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.C. CURTIS

Station GB

L.D. DAVIS
Well Owner, Operator or Agent

Remarks _____

KEN'S #41801

NET 30 DAYS

KEN'S PRINT #