

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 167-23215-0000 ORIGINAL

County Russell

SE - NE - NE Sec. 28 Twp. 11S Rge. 15 X W

4290 Feet from S/N (circle one) Line of Section

330 Feet from E/W (circle one) Line of Section

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

Lease Name Eulert Ranch F Well # 1

Field Name Hagaman

Producing Formation _____

Elevation: Ground 1870 KB 1875

Total Depth 3415 PBTD _____

Amount of Surface Pipe Set and Cemented at 221 K.B. Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT II P&A WITH 10-16-06
(Data must be collected from the Reserve Pit)

Chloride content 33,000 ppm Fluid volume 340 bbls

Dewatering method used Allow to dry & backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 6194

Name: ESP Development, Inc.

Address 17746 177th. Blvd.

City/State/Zip Paradise, KS 67658

Purchaser: _____

Operator Contact Person: Bud Eulert

Phone (785) 998-4413

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Randy Kilian

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD
_____ Plug Back _____ PBTD
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

11-26-01 12-1-01 12-1-01
Spud Date Date Reached TD Completion 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 on 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 PRESIDENT Date 1-7-02

Subscribed and sworn to before me this 7th day of Jan.,
19 2002.

Notary Public Donna Super
Date Commission Expires 2/9/2005

DONNA SUPER
Notary Public, State of Kansas
My Appt. Expires 2/9/2005

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other
RECEIVED
KANSAS CORPORATION COMMISSION
Form ACO-1 (7-91)

JAN 08 2002

X

Operator Name ESP DEVELOPMENT INC.

Lease Name EULERT RANCH "F"

Well # 1

Sec. 28 Twp. 11 Rge. 15

East
 West

County RUSSELL

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Dual Induction Log
Compensated Neutron Log

Name	Top	Datum
Anhydrite	950'	+ 925
Base	986'	+889
Topeka	2716'	- 841
Heeb. Sh.	2968'	-1093
Toronto	2988'	-1113
Lansing	3020'	-1145
Base Kc.	3273'	-1398
Arbuckle	3355'	-1480
T.D.	3413'	-1538

CASING RECORD <input checked="" 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#	216'	60/40 POZ	140	3% Gel 2% CC.

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Plug Dry Hole		60/40 Poz.	185	6% Gel.
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Under Lease (If vented, submit A)

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

Production Interval _____

ALLIED CEMENTING CO., INC. 6630

Federal Tax ID ~~000000000~~

ORIGINAL

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

SERVICE POINT: R

DATE <u>11-26-01</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>9:30pm</u>
LEASE <u>Eubert</u>	WELL # <u>F 1</u>	LOCATION <u>Gorham 1E 10N 2E 2N</u>			COUNTY <u>Russell</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1/2 E 5 into</u>			

CONTRACTOR <u>Vonfeldt Duly</u>	OWNER
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>221</u>	CEMENT
CASING SIZE <u>8 1/2</u> DEPTH <u>226</u>	AMOUNT ORDERED <u>140 @ 312</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON @
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>10-15</u>	GEL @
PERFS.	CHLORIDE @
DISPLACEMENT <u>20# 13 1/4 BBL</u>	@
EQUIPMENT	
<u>345</u>	
PUMP TRUCK CEMENTER <u>Dave</u>	
# HELPER <u>6-Don</u>	
BULK TRUCK	
# DRIVER	
BULK TRUCK	
# DRIVER <u>Darin</u>	

COMMON @
POZMIX @
GEL @
CHLORIDE @
@
@
@
@
HANDLING @
MILEAGE @
RECEIVED
KANSAS CORPORATION COMMISSION
TOTAL

JAN 08 2002

REMARKS:

Cement Cir

SERVICE

CONSERVATION DIVISION

DEPTH OF JOB
PUMP TRUCK CHARGE
EXTRA FOOTAGE @
MILEAGE @
PLUG <u>8 1/2 wooden</u> @
@
@
TOTAL

CHARGE TO: F.S.P. Development

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

@
@
@
@
@
TOTAL

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Doug Bodig

Doug Bodig
PRINTED NAME

ALLIED CEMENTING CO., INC. 6595

Federal Tax I.D.#

ORIGINAL

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

SERVICE POINT:

Russell

DATE <i>12-01</i>	SEC. <i>28</i>	TWP. <i>11</i>	RANGE <i>15</i>	CALLED OUT <i>8:30 AM</i>	ON LOCATION <i>10:15 AM</i>	JOB START	JOB FINISH <i>2:00 PM</i>
EQUIP. LEASE <i>Runch</i>		WELL# <i>1</i>	LOCATION <i>GORNUM 1E</i>			COUNTY <i>Russell</i>	STATE <i>Ka</i>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Vonveld Delg.*

TYPE OF JOB *Plug*

HOLE SIZE *12* T.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2* DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *185 lbs 60/40 6% gel*

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

RECEIVED
KANSAS CORPORATION COMMISSION

TOTAL _____

EQUIPMENT

PUMP TRUCK # *153* CEMENTER *Bill* HELPER *JASON*

BULK TRUCK # _____ DRIVER *SHANE*

BULK TRUCK # _____ DRIVER _____

REMARKS:

25 lbs e 3357

25 lbs e 475

60 lbs e 500

40 lbs e 250

10 lbs e 40

1 sep e Kathole

10 lbs e Mousehole

SERVICE CONSERVATION DIVISION

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG *1 PFWOOD* @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *FSP Development, Inc*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *Dale M... [Signature]*

Dale M... [Signature]
PRINTED NAME