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 #_33060	API No. 15 - 025212560000
Name: Diversified Operating Corporation	County: Clark
Address: 15000 W 6th Ave, #102	NW_SE Sec. 20 Twp. 30 S. R. 21 ☐ East West
City/State/Zip: Golden, CO 80401	1980feet from S / N (circle one) Line of Section
Purchaser: na	1980 feet from E / W (circle one) Line of Section
Operator Contact Person: Cathy Cammon	Footages Calculated from Nearest Outside Section Corner:
Phone: (303) 384-9611	(circle one) NE SE NW SW
Contractor: Name: Val Energy	Lease Name: Caddy Well #: 20-10-4
License: 5822	Field Name: wildcat
Wellsite Geologist: Brad Rine	Producing Formation:
Designate Type of Completion:	Elevation: Ground: 2339 Kelly Bushing: 2349
New Well Re-Entry Workover	Total Depth: 6380 Plug Back Total Depth:
Oil SWD SIOWTemp. Abd.	Amount of Surface Pipe Set and Cemented at 835 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth to w/sx cmt.
Well Name:	feet depth to ALT I with w/ 10-16-02 sx cmt.
Original Comp. Date: Original Total Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content 4500 ppm Fluid volume 3000 bbls
Plug Back Total Depth	Dewatering method used Allow Pat to dry
Commingled Docket No	,
Dual Completion Docket No	Location of fluid disposal if hauled offsite:
Other (SWD or Enhr.?) Docket No	Operator Name:
Dia.	ECENED License No.:
Consider an Date Personal TD Completion Date or	TURATION Sec. Twp. S. R. East West
Recompletion Date	1 Gounty: Docket No.:
CONSERV	ATION D.
Kansas 67202, within 120 days of the spud date, recompletion, workown information of side two of this form will be held confidential for a period of 1 107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells	
All requirements of the statutes, rules and regulations promulgated to regulaterin are complete and correct to the best of my knowledge.	ate the oil and gas industry have been fully complied with and the statements
Signature:	KCC Office Use ONLY
Title: President Date: 5/13/2004	Letter of Confidentiality Received
Subscribed and sworn to before me this 13th day of	/ If Denied, Yes Date:
20 04 OTA	Wireline Log Received
MA . SOTAS	Geologist Report Received
Notary Public:	UIC Distribution
Date Commission Expires: 4/19/2006	<i>j</i>

Side Two

ORIGINAL

Operator Name: Diversified Operating Corporation			Lease Name: Caddy		Well #: 20-10-4						
Sec. 20 Twp. 30 S. R. 21 East West				County: Clark							
ISTRUCTIONS: Show ested, time tool open a emperature, fluid recov lectric Wireline Logs s	nd closed, flowing ery, and flow rate	g and shut-i s if gas to s	n pressures, v urface test, al	whether sh ong with f	nut-in pres	sure reached	static level, hydro	static pressure	s, bottom h	nole	
Drill Stem Tests Taken (Attach Additional Sheets) Samples Sent to Geological Survey ☐ Yes			Name			g Formati	nd Datum	☐ Sample Datum			
							Тор				
ores Taken lectric Log Run (Submit Copy)		☐ Ye ☑ Ye	-		2	A33	Hacher	nun	X lo	F	
ist All E. Logs Run: こんつく Dd	V/PE/		CASING	RECORD	✓ Ner	Lumand	tion ato				
Purpose of String	Size Hole	Size	Casing	We	ight	rmediate, produc Setting	Type of	# Sacks		d Percer	
	Drilled	8 5/8	(In O.D.)	Lbs.	./Ft.	Depth 835	common	Used	Add	itives	
Surface	12 1/4	0 0/0									
			ADDITIONAL	CEMENT	ING / SQU	EEZE RECOR	D				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom				s Used		Type and	Percent Additives			
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depti					
TUBING RECORD	Size	Set At		Packer	r At	Liner Run	Yes N	0			
Date of First, Resumerd	Production, SWD or	Enhr.	Producing Me	thod	Flowing	g Dum	oing Gas L	.ift 🔲 Oth	er (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate		Bbis.	Gas-Oil Ratio		Gravity	
Disposition of Gas	METHOD OF	COMPLETION	N		L	Production Int	erval				
Vented Sold (If vented, Sub	Used on Lease	1	Open Hole		erf. 🔲 I	Dually Comp.	Commingled	and and the second seco			

ALLIEF CEMENTING (7)., INC. 15060

Federal Tax I.D.# REMIT TO P.O. BOX 31 SERVICE POI CONTRACTOR **OWNER** TYPE OF JOB **CEMENT HOLE SIZE CASING SIZE** AMOUNT ORDERED **DEPTH TUBING SIZE** DRILL PIPE **DEPTH** TOOL **DEPTH** PRES. MAX **MINIMUM** COMMON MEAS. LINE SHOE JOINT POZMIX @ 3,80 311,60 CEMENT LEFT IN CSG **GEL** PERFS. **CHLORIDE** DISPLACEMENT **EQUIPMENT** PUMPTRUCK #348-265 **CEMENTER HELPER** HANDLING BULK TRUCK MILEAGE 216 364 **DRIVER BULK TRUCK** TOTAL 2197. 4 DRIVER SERVICE DEPTH OF JOB 50 SX PUMP TRUCK CHARGE 505X **EXTRA FOOTAGE** MILEAGE 60 30 SX PLUG @ @ RECEIVED @ KANSAS CORPORATION COMMISSION TOTAL /8/0,07) MAY 17 2004 CONSERVATION DIVISION WICHITA, KFLOAT EQUIPMENT STREET_ ____ STATE __ CITY_ _ZIP_ @ @ @ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or TOTAL __ contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TAX ___ contractor. I have read & understand the "TERMS AND TOTAL CHARGE CONDITIONS" listed on the reverse side. DISCOUNT . IF PAID IN 30 DAYS SIGNATURE Suth Russ

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

PRINTED NAME

ALLIED CEMENTING CO., INC.

P.O. BOX 31 RUSS C, KS 67665 PH (785) 483-3887 FAX (785) 483-5566 FEDERAL TAX ID# 48-0727860

ORIGINAL

INVOICE

Invoice Number: 092248

Invoice Date: 01/31/04

150252/256000

Sold Diversified Oper. Corp. 15000 W. 6th Ave.

To: Suite #102

Golden, CO

80401

FEB 0 6 2004

Cust I.D....: Diver Cappy P.O. Number..: Bettyrran

P.O. Date...: 01/31/04

Due Date: 03/01/04 Terms...: Net 30

Ttom T.D. /Dosc.	Otv. Used		Uni+	Destaura	3.7	
I Call I a Day Ded .	Arla conen		UHLL	<u> FFICe</u>	-Net	TX
Common	100.00		SKS	7.1500	715.00	T
Gel	4.00		SKS	10.0000	40.00	$\bar{\mathtt{T}}$
Chloride	27.00		SKS	30.0000	810.00	Ī
Lite	275.00		SKS	6.7000	1842.50	$\bar{\mathrm{T}}$
FloSeal	6900		LBS	1.4000	96.60	T
Top off common	400.00		SKS	7.1500	2860.00	Ī
Handling	823.00		SKS	1.1500	946.45	Ē
Mileage (60)	60.00		MILE	41.1500	2469.00	E
823 sks @\$.05 p			1 1 1 1 1	11.1000	2403.00	
Surface	1.00		JOB	520.0000	520.00	E
Extra Footage	540.00		PER	0.5000	270.00	E
Mileage pmp trk	60.00		MILE	3.5000	210.00	E
TRP	1.00		EACH	100.0000	100.00	T
AFU Insert	1.00		EACH	325.0000	325.00	T
Centralizers	2700		EACH	55.0000	110.00	Ī
Basket	1.00	*	EACH	180.0000	180.00	T
Guide Shoe	1.00	•	EACH	215.0000	215.00	T
Date of Invoice. If Account CURREN	et, Payable 30 Days 1 1/2% Charged The IT take Discount of in 30 days from In	reafter. \$ <i>//70,9</i> :	Tax Payr	total: ments: 301-07	11709.55 496.00 0.00 12205.55	

900180269 32288 WELL # 900/80360 1/3/104 LOE DATE //04 _ ACCT # _ /20 - 64 - 24 coment surface

ALLIEL CEMENTING CO., INC. 14650 Federal Tax I.D.# ORIGINAL REMIT TO P.O. BOX 31 SERVICE POINT RUSSELL, KANSAS 67665 RANGE / W OLD OR NEW (Circle one) Winte **CONTRACTOR OWNER** TYPE OF JOB 1502521256 0000 **HOLE SIZE CEMENT** CASING SIZE AMOUNT ORDERED **TUBING SIZE** DEPTH 3% CC DRILL PIPE DEPTH 300 5x /4 COMMON MEAS. LINE SHOE JOINT **POZMIX** CEMENT LEFT IN CSG **GEL** 10.00 **CHLORIDE** @ <u>30.00</u> **EQUIPMENT** PUMP TRUCK CEMENTER A @ 322 **HELPER** 946,45 HANDLING BULK TRUCK 8 @ MILEAGE 60 X 363-251 **DRIVER** 2469,00 **BULK TRUCK** DRIVER TOTAL 977955 **SERVICE** DEPTH OF JOB PUMP TRUCK CHARGE 0-300 520,00 EXTRA FOOTAGE 5401@ 150 270.00 MILEAGE @*3.50* PLUG 82 @100,00 TOTAL 1100.00 CHARGE TO: STREET FLOAT EQUIPMENT CITY_ STATE ZIP @ 180,00 @ 215.00 To Allied Cementing Co., Inc. (a) You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or TOTAL 830,00 contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TAX_ contractor. I have read & understand the "TERMS AND

WILL BE CHARGED UPON INVOICING

CONDITIONS" listed on the reverse side.

SIGNATURE SLEET ROD

PRINTED NAME

IF PAID IN 30 DAYS

TOTAL CHARGE

DISCOUNT.

ORIGINAL

Swope Hushpuckney Sh	4874	4872 4904	-2523 -2557	+4 FL
B/KANSAS CITY	4977	4973	- 2624	FL
MARMATON	4996	4994	-2645	+6
ALTAMONT	5037	5036	- 2687	+ 5
PAWNEE FT SCOTT	5074 5104	5069 5100	- 2720 - 2751	+8 +7
CHEROKEE SH	5125	5/20	- 2771	+6
MORROW SH	5221	5220	- 2871	+6
Miss. (ST Louis)	5251	5238	-2889	+8
GLLMORE CITY /MAQ?	5998	5982	-3633	+17
VIOLA	6084	6084	- 3735	+/0
SIMPSON	6220	6223	- 3874	+15
ARBUCKLE	6340	6341	-3992	+23
OTHER TOPS CALLED:	PRINCE AND DE L'ARCE DE LE TE EN LA PERSONNE LA PRINCE DE L'ARCE DE L'ARCE DE L'ARCE DE L'ARCE DE L'ARCE DE L Commission de l'Arce			
INOLA	5209	5211	- 2862	+5
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		col	SERVATION DIVISIO VIICHITA, KS	