

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 # 32819  
 Name: Baird Oil Company LLC  
 Address: PO Box 428  
 City/State/Zip: Logan, Ks 67646  
 Purchaser: NCRA  
 Operator Contact Person: Jim R. Baird  
 Phone: (785) 689-7456  
 Contractor: Name: Murfin Drilling Co., Inc.  
 License: 30606  
 Wellsite Geologist: Gary Gensch  
 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. \_\_\_\_\_  

11/17/2004	11/25/2004	12/07/2004
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 163-23423 - 00 - 00  
 County: Rooks  
 1520' FSL 890' FWL Sec. 5 Twp. 8 S. R. 20  East  West  
 1520 feet from S / N (circle one) Line of Section  
 890 feet from E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Benoit-Thyfault Well #: 1-5  
 Field Name: Wildcat  
 Producing Formation: Lansing/Kansas City  
 Elevation: Ground: 1952 Kelly Bushing: 1957  
 Total Depth: 3459 Plug Back Total Depth: 3429  
 Amount of Surface Pipe Set and Cemented at 212 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set 1506 Feet  
 If Alternate II completion, cement circulated from 1506  
 feet depth to surface w/ 180 sx cmt.  
*Art II with 11-29-06*  
 Drilling Fluid Management Plan  
 (Data must be collected from the Reserve Pit)  
 Chloride content 1800 ppm Fluid volume 160 bbls  
 Dewatering method used Evaporation  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
 Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
 County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

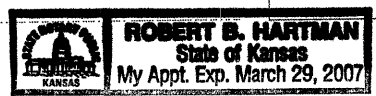
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jim Baird  
 Title: President Date: 12/09/2004  
 Subscribed and sworn to before me this 9th day of DECEMBER,  
 2004.  
 Notary Public: Robert B. Hartman  
 Date Commission Expires: 3/29/07

KCC Office Use ONLY

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



Operator Name: Baird Oil Company LLC Lease Name: Benoit-Thyfault Well #: 1-5  
 Sec. 5 Twp. 8 S. R. 20  East  West County: Rooks

**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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1512	+445
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Base Anhydrite	1543	+414
List All E. Logs Run:		Topeka	2932	-975
<b>RAG, Micro, Sonic,</b>		Heebner	3136	-1179
		Lansing	3176	-1219
		Arbuckle	3429	-1472
		TD	3459	-1502

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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
conductor	22"	13 3/8	48#	43'	common	100	3%CC&2%Gel
surface	12 1/4"	8 5/8	24#	212'	common	150	3%CC&2%Gel
production	7 7/8	5 1/2	14#	3452	60/40 Poz	420	60/40&Multi-Density3425

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
..... Perforate				
..... Protect Casing				
..... Plug Back TD				
..... Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	3358-3366	500 gal 15% MCA & 1500 gal 15% NE	3358-66
4	3214-3222	1500 gal 15% NE Acid	3214-22

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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8	3425	none		
Date of First, Resumerd Production. SWD or Enhr.		Producing Method				
1/01/2005		<input type="checkbox"/> Flowing <input checked="" 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	
	60	none	none		34	

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 \_\_\_\_\_



CHARGE TO: **BAIRD OIL Co.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

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TICKET  
 No 7298

PAGE 1 OF 1

1. SERVICE LOCATIONS <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>1-5</b>	LEASE <b>BWOIT - THYFAULT</b>	COUNTY/PARISH <b>GRAHAM</b>	STATE <b>KS</b>	CITY	DATE <b>11-17-04</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>MURPHY DRIG. # 16</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>OTL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>8 5/8" SURFACE</b>	WELL PERMIT NO.		WELL LOCATION <b>WELL COY. 6 - 14E, 14S, E5</b>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE # 104	60		ME		3.00	180.00	
576s		1			PUMP SERVICE	1		JOB	213	FT	550.00	550.00
410		1			TOP PLUG	1		EA	8 5/8"		70.00	70.00
325	KCC DEC 09 2004 CONFIDENTIAL	1			STANDARD CONSULT	150		SKS		7.50	1125.00	
278		1			CALCIUM CHLORIDE	4		SKS		25.00	100.00	
279		1			BENTONITE GEL	3		SKS		12.00	36.00	
581		1			SERVICE CHARGE CONSULT	150		SKS		1.10	165.00	
583		1			DRYAGE	14720		QTS	441.6	TM	.90	397.44

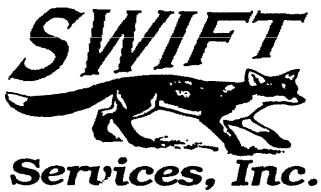
**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

x *Bill Wagon*  
 DATE SIGNED: **11-17-04** TIME SIGNED: **2100**  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2623.44
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	70.54
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	2693.98
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



CHARGE TO:  
BARD OIL Co  
 ADDRESS  
 CITY, STATE, ZIP CODE

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TICKET No 7288

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SERVICE LOCATIONS 1. <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>1-5</u>	LEASE <u>BENNETT - THYFAULT</u>	COUNTY/PARISH <u>ROCKS</u>	STATE <u>Ks</u>	CITY	DATE <u>11-8-04</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>WOOPFER PUMP &amp; WELL</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOWERY</u>	ORDER NO.	
3.	WELL TYPE <u>OD</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>13 3/8" CONDUCTOR</u>	WELL PERMIT NO.	WELL LOCATION <u>HELL CTR, KS - 14E, 1/4S, E5</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	UM	QTY.	UM		
575		1			MILEAGE # 104	60	ME	3.00		180.00	
576s		1			PUMP SERVICE	1	JOB	550.00	43'	550.00	
325	KCC DEC 09 2004 CONFIDENTIAL	1			STANDARD CEMENT	100	SKS	7.50		750.00	
278		1			CALCIUM CHLORIDE	3	SKS	25.00		75.00	
279		1			BENTONITE GEL	2	SKS	12.00		24.00	
581		1			SERVICE CHARGE CEMENT	100	SKS	1.10		110.00	
583		1			DRAINAGE	9840	UBS	295.2	TM	190	265.68

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]  
 DATE SIGNED 11-8-04 TIME SIGNED 1:30  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	1954	68
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	45	00
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	1999	68
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						



CHARGE TO: Barril Oil Co.  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

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TICKET  
 № 7350

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SERVICE LOCATIONS 1. <u>Hays, Ks.</u>	WELL/PROJECT NO. <u>15</u>	LEASE <u>Barril-Thyfault</u>	COUNTY/PARISH <u>Rick</u>	STATE <u>Ks</u>	CITY	DATE <u>12-1-04</u>	OWNER <u>Sarril</u>
2. <u>Ness City, Ks.</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> SALES	CONTRACTOR <u>Lone Star Service</u>	RIG NAME/NO.	SHIPPED VIA <u>ctt</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Cellar</u>	WELL PERMIT NO.	WELL LOCATION		
4.	INVOICE INSTRUCTIONS						
REFERRAL LOCATION							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #106	60	mi			3 <sup>00</sup>	180 <sup>00</sup>
578		1			Cement Port Cellar	1	ea			1250 <sup>00</sup>	1250 <sup>00</sup>
330		2			SMD Cement	180	sk			10 <sup>25</sup>	1845 <sup>00</sup>
276		2			Block	50	lbs			1 <sup>00</sup>	50 <sup>00</sup>
581						200	sk			1 <sup>10</sup>	220 <sup>00</sup>
583						576.56	1/2			90	527 <sup>90</sup>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X  
 DATE SIGNED 12-1-04 TIME SIGNED 12:00  
 A.M.  
 P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	4072 <sup>90</sup>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Nick Korbe

APPROVAL

Thank You!



CHARGE TO: BANDA OIL  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

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 № 7557

PAGE 1 OF 2

SERVICE LOCATIONS  
 1. NESS CITY, KS

WELL/PROJECT NO. I-5 LEASE BWOLT - TRIFULT COUNTY/PARISH ROOKS STATE KS CITY \_\_\_\_\_ DATE 11-25-04 OWNER SAME

TICKET TYPE  SERVICE  SALES CONTRACTOR MURFEN DRILLING RIG NAME/NO. \_\_\_\_\_ SHIPPED VIA CT DELIVERED TO LOCATION ORDER NO. \_\_\_\_\_

WELL TYPE OIL WELL CATEGORY DEVELOPMENT JOB PURPOSE 5 1/2" LONGSTRING WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION NESS CITY, KS - 14E, 1/2S, E5

REFERRAL LOCATION \_\_\_\_\_ INVOICE INSTRUCTIONS \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104			60	MI		180.00
578		1			PUMP SERVICE			1	JOB	3452	1250.00
280		1			FLOCHECK 21			500	GAL		750.00
402		1			CENTRALIZER			10	EA	5 1/2"	55.00
403		1			CEMENT BASKET			1	EA		140.00
404		1			PORT COLLAR TOPJT # 45			1	EA	150	1600.00
406		1			LATCH DOWN PLUG = RAFFLE			1	EA		200.00
407		1			INSERT FLOAT SHOE W/AUTO FILL			1	EA		230.00
411		1			REGULATED SCRAPERS			35	EA		1225.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO DEPARTURE OF WORK OR DELIVERY OF GOODS

DATE SIGNED 11-25-04 TIME SIGNED 0100  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	6125.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3518.31
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

LIFT OPERATOR WAYNE WILSON APPROVAL \_\_\_\_\_

Thank You!