

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY DESCRIPTION OF WELL & LEASE

Operator: License # 3988
Name: SLAWSON EXPLORATION CO., INC.
Address: 200 N. Harvey, Ste 1412
City/State/Zip: Oklahoma City, OK 73102
Purchaser:
Operator Contact Person: Steve Slawson
Phone: (405) 232-0201
Contractor: Name: L. D. Drilling, Inc.
License: 6039
Wellsite Geologist: Terry McLeod

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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.
11/14/04 11/22/04 11-23-04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 171-20590-00-00
County: Scott
S/2 S/2 NW Sec. 10 Twp. 18 S. R. 31 East West
2270 feet from S / (N) (circle one) Line of Section
1250 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Huling F Well #: 1
Field Name:


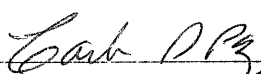
Producing Formation:
Elevation: Ground: 2919.5' Kelly Bushing:
Total Depth: 4580' Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 355 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set Feet
If Alternate II completion, cement circulated from feet depth to w/ sx crnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 6000 ppm Fluid volume 5000 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.:

ACT II W/HR 11-29-06

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: 
Title: Operations Mgr Date: 12/6/04
Subscribed and sworn to before me this 6 day of Dec 20 04.
Notary Public: 
Date Commission Expires: 12-18-04

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

Operator Name: SLAWSON EXPLORATION CO., INC. Lease Name: Huling F Well #: 1
 Sec. 10 Twp. 18 S. R. 31 East West County: Scott

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 type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	B/Anhy	2267	658
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Kri	2739	186
List All E. Logs Run: GR-DIL-SP, CNL, CDL		Wab	3489	-564
		Hbn	3866	-941
		Lns	3911	-986
		Stk	4191	-1266
		Bkc	4274	-1349
		Ft Sc	4445	-1520
		Lck	4469	-1544
		Msp	4531	-1606

CASING RECORD New 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"	23#	355'	Common	190	3%CC, 2%Gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	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

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Resumerd Production, SWD or Enhr. _____ 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 Used on Lease *(If vented, Submit ACO-18.)* METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____

ALLIED CEMENTING CO., INC. 19744

Federal Tax I.D. [REDACTED]

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

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SERVICE POINT:
OAKLEY

DATE <u>11-14-04</u>	SEC. <u>10</u>	TWP. <u>18S</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION <u>8:30 AM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>11:30 AM</u>
LEASE <u>HULING "F"</u>	WELL # <u>1</u>	LOCATION <u>SCOTT CO. KY 9E-2 1/4 N-E IN</u>		COUNTY <u>SCOTT</u>	STATE <u>KS</u>		

OLD OR NEW (Circle one)

CONTRACTOR <u>L. D. DRILL</u>	OWNER <u>SAME</u>
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4"</u> T.D. <u>358'</u>	CEMENT
CASING SIZE <u>8 3/8"</u> DEPTH <u>358'</u>	AMOUNT ORDERED <u>190 SKS COM 38CC 286EL</u>
TUBING SIZE DEPTH	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <u>190 SKS @ 9 1/2 1729⁰⁰</u>
MEAS. LINE SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>15'</u>	GEL <u>3 SKS @ 11 33⁰⁰</u>
PERFS.	CHLORIDE <u>7 SKS @ 33 231⁰⁰</u>
DISPLACEMENT <u>2 1/4 BBL.</u>	ASC @

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>TERRY</u>	HELPER <u>WAYNE</u>
BULK TRUCK # <u>218</u>	DRIVER <u>ALAN</u>	
BULK TRUCK #	DRIVER	

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HANDLING <u>200 SKS @ 1 35 270⁰⁰</u>
MILEAGE <u>054 PER SK / MELE 550⁰⁰</u>
TOTAL <u>2813⁰⁰</u>

REMARKS:

CEMENT IN CELLAR

THANK YOU

CHARGE TO: SLAWSON EXPLORATION CO, INC.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>358'</u>
PUMP TRUCK CHARGE <u>570⁰⁰</u>
EXTRA FOOTAGE <u>58' @ 1.50 29⁰⁰</u>
MILEAGE <u>55 ME @ 4⁰⁰ 220⁰⁰</u>
MANIFOLD @
TOTAL <u>819⁰⁰</u>

PLUG & FLOAT EQUIPMENT

<u>8 3/8 SURFACE Plug @ 55⁰⁰</u>
@
@
@
@
TOTAL <u>55⁰⁰</u>

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 Michael Redigo

Michael Redigo
PRINTED NAME

ALLIED CEMENTING CO., INC. 19554

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT: Dakley

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DATE <u>11-23-04</u>	SEC. <u>10</u>	TWP. <u>18^s</u>	RANGE <u>31^w</u>	ON LOCATION <u>2:30 AM</u>	JOB START <u>3:15 AM</u>	JOB FINISH <u>7:45 AM</u>
LEASE <u>Huling</u>	WELL# <u>F-#1</u>	LOCATION <u>Scott City 9E-2 1/4 N-ES</u>		COUNTY <u>Scott</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)						

CONTRACTOR L-D Drills
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 4580'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 XH DEPTH 3200'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Same
 CEMENT AMOUNT ORDERED 290 SKS 69/40 PDR
6% Gel, 1/4" Flo-Seal

COMMON	<u>168 SKS</u>	@	<u>9.10</u>
POZMIX	<u>112 SKS</u>	@	<u>4.10</u>
GEL	<u>14 SKS</u>	@	<u>11.00</u>
CHLORIDE		@	
ASC		@	
	<u>Flo-Seal 70#</u>	@	<u>1.40</u>
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>297 SKS</u>	@	<u>1.32</u>
MILEAGE	<u>5.4 per SK/mile</u>		
			TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Walt
 # 373 HELPER Andrew
 BULK TRUCK _____
 # 377 DRIVER Jarrod
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

<u>100</u>	<u>SKS</u>	<u>2</u>	<u>3200'</u>
<u>50</u>	<u>SKS</u>	<u>2</u>	<u>2300'</u>
<u>50</u>	<u>SKS</u>	<u>2</u>	<u>1650'</u>
<u>50</u>	<u>SKS</u>	<u>2</u>	<u>400'</u>
<u>15</u>	<u>SKS</u>	<u>2</u>	<u>40'</u>
<u>15</u>	<u>SKS</u>	<u>in</u>	<u>R.H.</u>

Thank You

CHARGE TO: Slawson Exploration
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3200'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE @ _____
 MILEAGE miles @ 4.00
 MANIFOLD @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

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PLUG & FLOAT EQUIPMENT

8 SKS
 D-H Plug @ 23.00
 @ _____
 @ _____
 @ _____
 @ _____
 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.

SIGNATURE Michael D. D... [Signature]

PRINTED NAME Michael D. D... [Signature]

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS