

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 3954

Name: Jaed Production Co., Inc.

Address: P.O. Box 902

City/State/Zip: Arkansas City, KS 67005

Purchaser: STG

Operator Contact Person: Jay Warren

Phone: (620) 442-0826

Contractor: Name: Berentz Drilling Co., Inc.

License: 5892

Wellsite Geologist: Edward Broyles

Designate Type of Completion:

New Well Re-Entry Workover

Oil SWD SIOW 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. _____

1/22/03 2/01/03 3/15/03

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 191-22389-0000

County: Summer

NW NW NE Sec. 33 Twp. 34 S. R. 2 East West

4950 feet from S N (circle one) Line of Section

2310 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Neal Well #: 9

Field Name: Padgett

Producing Formation: Wilcox

Elevation: Ground: 1183 Kelly Bushing: 1188

Total Depth: 3791 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 263 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.

Alt I with 12-26-06

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 2200 ppm Fluid volume 300 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.: _____

RECEIVED

MAY 01 2003

KCC WICHITA

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APR 28 2003

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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: Jay Warren

Title: U.P. Date: 4/28/03

Subscribed and sworn to before me this 28th day of April

2003

Notary Public: Randy J. Iverson

Date Commission Expires: 7-1-06

KCC Office Use ONLY

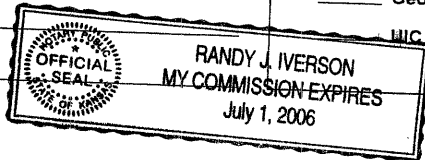
Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

HIC Distribution



X

Operator Name: Jaed Production Co., Inc. Lease Name: Neal Well # 9
 Sec. 33 Twp. 34 S. R. 2 East West County: Sumner

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 type="checkbox"/> Yes <input checked="" 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	Iatan	2306	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Oswego Line	3142	
		Wilcox	3652	
List All E. Logs Run:				
Compensated Density				
Dual Induction				
Cement Bond Log				

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
Surface	12 1/4	8 5/8	24 lbs	372	owc	150	3% cc
Longstring	7 7/8	5 1/2	15 lbs	3788	Common owc	150	3% cc

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	3655 to 3663	No treatment	

TUBING RECORD	Size 2 7/8	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 3/20/03	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 30	Gas Mcf 30	Water Bbls. 0	Gas-Oil Ratio	Gravity 40
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Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) _____

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ORIGINAL

CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

T2 289
SHAWN 226
JASON C. 405

APR 28 2003

CONFIDENTIAL TICKET NUMBER 21849

LOCATION Bulle

FOREMAN [Signature]

TREATMENT REPORT

DATE 2-103	CUSTOMER ACCT # 4298	WELL NAME Neal # 9	QTR/QTR	SECTION 33	TWP 34	RGE 2	COUNTY SUMNER	FORMATION
CHARGE TO JAED				RECEIVED		OWNER		
MAILING ADDRESS				MAY 01 2003		OPERATOR		
CITY				KCC WICHITA		CONTRACTOR		
STATE				ZIP CODE		DISTANCE TO LOCATION		
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	7 7/8
TOTAL DEPTH	3792'
CASING SIZE	5 1/2
CASING DEPTH	3782'
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS est. circ - pumped 25 BBL FLUSH -
ran 75 sx STR cement 1/4" R/S w/Hulls - then ran
75 sx OWC cement w/Hulls - washed up lines & pump -
dropped plug - displaced to bottom w/ 190' 1/4 BBL & set
shut in w/ 500# pressure per Jay Warren -
landed plug @ 1200 #

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

CONFIDENTIAL

CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

Tg 393
BRAN 226

KCC

APR 28 2003

ORIGINAL

TICKET NUMBER **21890**

CONFIDENTIAL LOCATION Bville

TREATMENT REPORT

FOREMAN [Signature]

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
1/23/03	4298	Neal #9		33	34	2	SUMNER	
CHARGE TO <u>JAE &</u>				RECEIVED				
MAILING ADDRESS				OWNER				
CITY				OPERATOR				
STATE				CONTRACTOR				
ZIP CODE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	12 1/4
TOTAL DEPTH	273
CASING SIZE	8 1/8
CASING DEPTH	263
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS washed down 8' of surface casing - rigged up to cement - ran 150 st OWC w/ Flo seal / Halls - displaced to 240' w/ 15 3/4 BBL - shut TN -

- circ. cement to surface -

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.