

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

12/13/07
Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3882
Name: SAMUEL GARY JR. & ASSOCIATES, INC.
Address: 1670 BROADWAY, SUITE 3300
City/State/Zip: DENVER, CO 80202-4838
Purchaser: _____
Operator Contact Person: TOM FERTAL
Phone: (303) 831-4673
Contractor: Name: EXCELL SERVICES INC.
License: 8273
Wellsite Geologist: JUSTIN CARTER

API No. 15 - 15-159-22494-0000
County: RICE
NE SE SE Sec. 19 Twp. 19 S. R. 10 East West
1050 feet from SOUTH Line of Section
270 feet from EAST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
THOMAS-CROSS REACH
Lease Name: FARMS Well #: 1-19
Field Name: WILDCAT
Producing Formation: _____
Elevation: Ground: 1773' Kelly Bushing: 1779'
Total Depth: 3436' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 340 Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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. _____

8/22/2006 8/30/2006 8/30/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

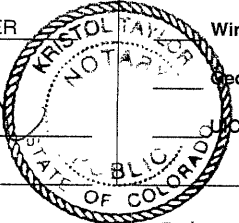
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South 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: Thomas H Fertal
Title: SR. GEOLOGIST Date: 12/13/2006

Subscribed and sworn to before me this 13 TH day of DECEMBER
2006
Notary Public: Kristal Taylor
Date Commission Expires: _____



KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
DEC 15 2006
CONSERVATION DIVISION
WICHITA, KS

My Commission Expires
MAY 9, 2009