

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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KCC

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL JAN 07 2004

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Operator: License # 5086
Name: Pintail Petroleum, Ltd.
Address: 225 N. Market, Ste. 300
City/State/Zip: Wichita, KS 67202
Purchaser: Eott
Operator Contact Person: Flip Phillips
Phone: (316) 263-2243
Contractor: Name: Mallard Joint Venture
License: 4958
Wellsite Geologist: Flip Phillips

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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. _____

8/26/03	9/1/03	9/15/03
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24238-0200

County: Ness
AP NE SE NW SE
W2 W2 NE SE Sec. 24 Twp. 19 S. R. 24 East West

1910 feet from (S) N (circle one) Line of Section

1440 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Shramek Trust Well #: 1-24

Field Name: _____

Producing Formation: Cherokee Sand

Elevation: Ground: 2284 Kelly Bushing: 2289

Total Depth: 4434 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 8-5/8" @ 272 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.

Drilling Fluid Management Plan AP 111 3.3.04
(Data must be collected from the Reserve Pit)

Chloride content 10,000 ppm Fluid volume 480 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: Boeth G. Isers

Title: Geologist Date: 12/15/03

Subscribed and sworn to before me this 7th day of January, 2004.

Notary Public: Susan Utebach

Date Commission Expires: 9/7/06

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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Operator Name: Pintail Petroleum, Ltd. Lease Name: Shramek Trust Well #: 1-24
 Sec. 24 Twp. 19 S. R. 24 East West County Ness

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name Top Datum	
	Anh 1542 + 747	
	Heebner 3700 -1411	
	Lansing 3742 -1453	
	Ft Scott 4264 -1975	
	Ch Shale 4287 -1998	
	Ch Sand 4368 -2079	
	Miss 4416 -2127	

List All E. Logs Run:

Dual Induction
 Comp. Density/Neutron

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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
Surface	12-1/4"	8-5/8"	23#	272'	70/30 poz	175sx	2%gel 3%cc
Production	7-7/8"	5-1/2"	15.5#	4433'	SMD	200sx	1/4# FloSeal

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
4	4378 - 4382	none	
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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"	4404				
Date of First, Resumerd Production, SWD or Enhr.			Producing Method				
9/20/03			<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		
	3		200				

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 _____

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Pintail Petroleum
Shramek Trust #1-24
Sect. 24-19S-24W
Ness County, KS

DST #1 4336'-4396' 30"-30"-30"-30"
1st Opening: Strong blow, bottom of hole in 6"
2nd Opening: Strong blow, bottom of hole in 7"
Recovered: 1080' total fluid
25' OCM (10% Oil, 90% Mud)
500' GOMCW (15% Gas, 35% Oil, 40% Wtr, 10% Mud)
185' GOMCW (10% Gas, 10% Oil, 50% Wtr, 30% Mud)
370' MW (90% Wtr, 10% Mud)

1080' Total Fluid = 12.89 bbls, 6.7 Wtr & 6.2 Gas, Oil, & Mud

IFP 49#-304#
FFP 304#-465#
HYD 2190#-2144#

ISIP 1303#
FSIP 1292#
Temp 127°

ALLIED CEMENTING CO., INC. 15998

Federal Tax I.D.# [REDACTED]

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TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: New City

DATE <u>8-26-03</u>	SEC. <u>24</u>	TWP. <u>19</u>	RANGE <u>24</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>5:30 PM</u>	JOB START <u>7:45 PM</u>	JOB FINISH <u>8:15 PM</u>
LEASE <u>Spramek</u>	WELL # <u>1-24</u>		LOCATION <u>New City 5s, 14w, N/S</u>		COUNTY <u>New</u>	STATE <u>Ka</u>	
OLD OR <u>NEW</u> (Circle one)							

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CONTRACTOR Mallard
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" TD. 272'
 CASING SIZE 8 5/8" New 2 1/2" DEPTH 272'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 1 1/2 bbl's

OWNER Same
 CEMENT AMOUNT ORDERED 125 cu 70/30 3% cc 2% ad.

COMMON	<u>123 cu</u>	@	<u>7.15</u>	<u>879.45</u>
POZMIX	<u>52 cu</u>	@	<u>3.80</u>	<u>197.60</u>
GEL	<u>3 cu</u>	@	<u>10.00</u>	<u>30.00</u>
CHLORIDE	<u>5 cu</u>	@	<u>30.00</u>	<u>150.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>183 cu</u>	@	<u>4.15</u>	<u>761.45</u>
MILEAGE	<u>183 mi</u>	@	<u>7.10</u>	<u>1300.10</u>
				<u>125.00</u>

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>Tom D</u>
# <u>224</u>	HELPER	<u>Jim W</u>
BULK TRUCK		
# <u>260</u>	DRIVER	<u>Don D</u>
BULK TRUCK		
#	DRIVER	

TOTAL 1592.50

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REMARKS:

Ran 272' of 8 5/8" cas. Broke circulation.
Mixed 125 cu 70/30 3% cc 2% ad.
Released Plug. Displaced with fresh #30.
Cement did circulate ✓
Thompson

SERVICE

DEPTH OF JOB	<u>272'</u>		
PUMP TRUCK CHARGE			<u>520.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>7</u>	@	<u>3.50</u> <u>24.50</u>
PLUG	<u>1-8 5/8" wooden</u>	@	<u>45.00</u> <u>45.00</u>
		@	
		@	

TOTAL 589.50

CHARGE TO: Petroleum Petroleum
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL _____

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

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 LAVON R. URBAN

LAVON R. URBAN
 PRINTED NAME



CHARGE TO: *Pintail Petroleum*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 5800

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>Hays, Ks</i>	WELL/PROJECT NO. <i>1-24</i>	LEASE <i>Shranck</i>	COUNTY/PARISH <i>Nes</i>	STATE <i>Ks</i>	CITY	DATE <i>9-1-03</i>	OWNER <i>Same</i>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Malbrad Oils</i>		RIG NAME/NO.	SHIPPED VIA <i>BIT</i>	DELIVERED TO <i>Loc</i>	ORDER NO.	
3. WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cont. 5 1/2" Prod. Csg.</i>		WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
<i>575</i>		<i>1</i>			<i>MILEAGE #103</i>	<i>10</i>	<i>mil</i>			<i>2</i>	<i>50</i>	<i>25</i>	<i>00</i>
<i>578</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>ea</i>			<i>1200</i>	<i>00</i>	<i>1200</i>	<i>00</i>
<i>410</i>		<i>1</i>			<i>S-W Top Plug</i>	<i>1</i>	<i>ea</i>	<i>5 1/2</i>	<i>in</i>	<i>50</i>	<i>00</i>	<i>50</i>	<i>00</i>
<i>400</i>		<i>1</i>			<i>Guide Shoe</i>	<i>1</i>	<i>ea</i>			<i>100</i>	<i>00</i>	<i>100</i>	<i>00</i>
<i>401</i>		<i>1</i>			<i>Insert Float Valve</i>	<i>1</i>	<i>ea</i>			<i>125</i>	<i>00</i>	<i>125</i>	<i>00</i>
<i>404</i>		<i>1</i>			<i>Port Collar</i>	<i>1</i>	<i>ea</i>			<i>1500</i>	<i>00</i>	<i>1500</i>	<i>00</i>
<i>402</i>		<i>1</i>			<i>Centralizers</i>	<i>9</i>	<i>ea</i>			<i>44</i>	<i>00</i>	<i>396</i>	<i>00</i>
<i>403</i>		<i>1</i>			<i>Cont. Basket</i>	<i>1</i>	<i>ea</i>			<i>125</i>	<i>00</i>	<i>125</i>	<i>00</i>
<i>281</i>		<i>1</i>			<i>Mud Flush</i>	<i>500</i>	<i>gal</i>				<i>60</i>	<i>300</i>	<i>00</i>
<i>221</i>		<i>1</i>			<i>RCL</i>	<i>2</i>	<i>gal</i>			<i>19</i>	<i>00</i>	<i>38</i>	<i>00</i>
					<i>See Continuation</i>							<i>2788</i>	<i>50</i>

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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

[Signature]
 SIGNED _____ TIME SIGNED _____ 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	<i>6,647</i>	<i>50</i>
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	<i>503</i>	<i>271</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>6918</i>	<i>99</i>
<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.

APPROVAL

Thank You!