

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

CONFIDENTIAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5254
 Name: MIDCO Exploration, Inc.
 Address: 414 Plaza Drive, Suite 204
 City/State/Zip: Westmont, IL 60559
 Purchaser: ONEOK
 Operator Contact Person: Earl J. Joyce Jr.
 Phone: (630) 655-2198
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: N/A
 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. _____

01/12/2005	01/17/2005	01/27/2005
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

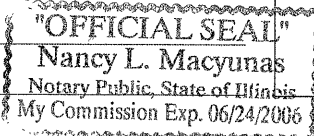
API No. 15 - 095-21939-0000
 County: Kingman
 S/2 SE NE Sec. 35 Twp. 28 S. R. 8 East West
2310 feet from S / (N) (circle one) Line of Section
660 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Flickner Well #: #3
 Field Name: Garlich SW
 Producing Formation: Mississippi
 Elevation: Ground: 1614' Kelly Bushing: 1622'
 Total Depth: 4250' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 268 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
 (Data must be collected from the Reserve Pit) *ALT I WITH 46-07*
 Chloride content 25,000 ppm Fluid volume 600 bbls
 Dewatering method used No free water could be vacuumed
 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: [Signature]
 Title: VP Date: 2/21/2005
 Subscribed and sworn to before me this 21 day of FEBRUARY,
 20 05.
 Notary Public: Nancy L. Macynas
 Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: MIDCO Exploration, Inc. Lease Name: Flickner Well #: #3
 Sec. 35 Twp. 28 S. R. 8 East West County: Kingman

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)
 List All E. Logs Run:

Dual Induction, Dual Compensated Porosity,
 Microresistivity, Borehole Compensated Sonic

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Heebner	3141	-1519
Toronto	3146	-1524
Lansing	3364	-1742
Hertha	3777	-2155
B/KC	3878	-2256
Mississippi	4066	-2444

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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" New	24#	268'	60/40 Poz	250	3%cc 2%gel
Production	7-7/8"	4-1/2" Used	10.5#	4215'	ASC	190	

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	Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	4068-76		

RECEIVED
FEB 25 2005
KCC WICHITA
KCC
FEB 21 2005
CONFIDENTIAL

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4046		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
2/15/2005	<input checked="" type="checkbox"/> Flowing <input 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
		300	10	

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify)

ALLIED CEMENTING CO., INC.

18339

Federal Tax I.D.# ~~000000000~~

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT

Medicine Lodge

DATE <u>1-18-05</u>	SEC <u>35</u>	TWP <u>285</u>	RANGE <u>8W</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>8:30 AM</u>	JOB START AM <u>11:45</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Flickner</u>	WELL # <u>3</u>	LOCATION <u>Spivey Ks. 9N, 1/2 E, 7/5</u>		COUNTY <u>Kingman</u>	STATE <u>Ks.</u>		
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Duke #2
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4300'
 CASING SIZE 4 1/2" x 10.5 DEPTH 4218'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1300 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 42'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 67 Bbls 2% KCL

EQUIPMENT

PUMP TRUCK CEMENTER Carl Balding
 # 372 HELPER Darin Franklin
 BULK TRUCK
 # 353 DRIVER Dave Felio
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
Run Csg Drop Ball Circulate 45 min.
Pump 3 Freshwater 500 Gals ASF
500 Gal Mud-clean C + 3 Freshwater.
Plug Rat + mouse w/ 25 sx 60:40:4
Mix + pump 190 sx ASC lead cement
wash out pump + lines + release plug
Disp w/ 67 Bbls 2% KCL Water
Burp plug + float Helco

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

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.

OWNER Midco Exploration

CEMENT
 AMOUNT ORDERED 500 gals ASF 500 gals Midclean
25 sx 60:40:4
190 sx ASC + 5% Kotseal + 7% Gas Block

COMMON <u>A</u>	<u>15 sx</u>	@	<u>7.85</u>	<u>117.75</u>
POZMIX	<u>10 sx</u>	@	<u>4.10</u>	<u>41.00</u>
GEL	<u>1 sx</u>	@	<u>11.00</u>	<u>11.00</u>
CHLORIDE		@		
ASC	<u>190 sx</u>	@	<u>9.80</u>	<u>1862.00</u>
<u>Kot-seal</u>	<u>950 #</u>	@	<u>-.50</u>	<u>475.00</u>
<u>Gas Block</u>	<u>125 #</u>	@	<u>7.00</u>	<u>875.00</u>
<u>500 gals Midclean C</u>		@	<u>1.25</u>	<u>625.00</u>
<u>500 gals</u>		@	<u>1.00</u>	<u>500.00</u>
<u>Clapro</u>	<u>7 gals</u>	@	<u>22.90</u>	<u>160.30</u>
		@		
		@		
HANDLING	<u>273</u>	@	<u>1.35</u>	<u>368.55</u>
MILEAGE	<u>39/05/273</u>			<u>518.70</u>

TOTAL 5554.30

SERVICE

DEPTH OF JOB	<u>4218'</u>		
PUMP TRUCK CHARGE			<u>1245.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>38</u>	@	<u>4.00</u>
		@	
		@	
		@	

TOTAL 1397.00

PLUG & FLOAT EQUIPMENT

MANIFOLD		@	
<u>1 AFV Float shoe</u>		@	<u>200.00</u>
<u>1 Latch Down plug</u>		@	<u>300.00</u>
<u>5 Centralizers</u>		@	<u>45.00</u>
<u>5 Turbo Centralizers</u>		@	<u>55.00</u>

TOTAL 1000.00

TAX _____
 TOTAL CHARGE 1397.00
 DISCOUNT 0.00 IF PAID IN 30 DAYS

SIGNATURE David H Mayfield

PRINTED NAME David H Mayfield

ANY APPLICABLE TAX
 WILL BE CHARGED
 UPON INVOICING

Bid Price