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JUN 27 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31430

Name: White Eagle Resources Corp.

Address: PO Box 270948

City/State/Zip: Louisville, CO 80027

Purchaser: _____

Operator Contact Person: Mike Janeczko

Phone: (303) 604-6888

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Jim Musgrove

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. _____

<u>04-12-04</u>	<u>04-18-04</u>	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23239-00-00

County: Stafford County, Kansas

SW NW SW Sec. 20 Twp. 22 S. R. 12 East West

1650 feet from N (circle one) Line of Section

4950 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Nolte Well #: 3-20

Field Name: Krankenber

Producing Formation: _____

Elevation: Ground: 1870' Kelly Bushing: 1878'

Total Depth: 3830' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 277 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 *ALT I OHM*
(Data must be collected from the Reserve Pit) *4-17-07*

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 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.

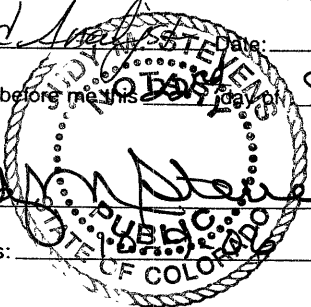
Signature: *Shari L. Walsh*

Title: *Acct/Prod Analyst* Date: *6/22/05*

Subscribed and sworn to before me this *June* day of *2005*

Notary Public: *[Signature]*

Date Commission Expires: _____



KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

X

Operator Name: White Eagle Resources Corp. Lease Name: Nolte Well #: 3-20
 Sec. 20 Twp. 22 S. R. 12 East West County: Stafford County, Kansas

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	28#	277'	60/40 Poz	225	3%cc 2%gel
Production	7-7/8"	5-1/2"	14#	3828'	Econobond	150	4%gel 2%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

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input 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		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

price list. Invoices are
to be made following

ORIGINAL

TREATMENT REPORT



Customer ID		Date	
Customer <i>White Eagle Res. Corp.</i>		<i>4-19-04</i>	
Lease <i>Nette</i>		Lease No.	Well # <i>3-20</i>
Field Order # <i>4260</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>	Depth <i>3825'</i>
Type Job <i>5 1/2 L.S. New Well</i>		County <i>Stafford</i>	State <i>Ks.</i>
		Formation	Legal Description <i>20-25-13W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <i>5 1/2</i>	Tubing Size	Shots/Ft	<i>Cont.</i>	Acid <i>150%k. EconBond (Common)</i>	RATE	PRESS	ISIP	
Depth <i>3820.51</i>	Depth	From	To	Pre Pad <i>8.7#/gal 1.56F23</i>	Max		5 Min.	
Volume <i>93.2</i>	Volume	From	To	Pad <i>4 1/2 gal, 2% CL, 5.95% Gel Set,</i>	Min		10 Min.	
Max Press <i>2000</i>	Max Press	From	To	Frac <i>25 FR., 18% FLA-322,</i>	Avg		15 Min.	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	<i>5# gilsonite</i>	HHP Used		Annulus Pressure	
Plug Depth <i>3797.28</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Rick Lapp</i>	Station Manager <i>Dave Ault</i>	Treater <i>Bobby Drake</i>
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:45</i>					<i>On location - Safety Meeting</i>
<i>11:45</i>					<i>Run Csg. - FT.I.F.V. on top of 1st joint - Cont. on 1, 2, 3, 4, 5, 6, 8, 9, + 10 - 89 jts. 5 1/2 14# Csg.</i>
<i>13:35</i>					<i>Csg. on Bottom</i>
<i>13:55</i>					<i>Hook up to Csg. - Break w/ Rig</i>
<i>15:10</i>	<i>50</i>		<i>20</i>	<i>5.0</i>	<i>CP-1 Ahead</i>
<i>15:14</i>	<i>250</i>		<i>12</i>	<i>6.0</i>	<i>Mud Flush</i>
<i>15:16</i>	<i>200</i>		<i>5</i>	<i>5.0</i>	<i>H2O Spacer</i>
<i>15:21</i>	<i>200</i>		<i>46</i>	<i>5.8</i>	<i>Mix Cont. @ 13.7#/gal</i>
<i>15:30</i>					<i>Clear Pump + Lines - Release Plug</i>
<i>15:33</i>	<i>100</i>			<i>6.8</i>	<i>start Disp.</i>
<i>15:43</i>	<i>250</i>		<i>65</i>	<i>6.8</i>	<i>Lift Pressure</i>
<i>15:46</i>	<i>1500</i>		<i>94</i>		<i>Plug Down</i>
<i>15:54</i>					<i>Plug Rat & Mouse Hole</i>
					<i>Circulation Thru Job</i>
					<i>Job Complete</i>
					<i>Thanks, Bobby</i>

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281 Hudson 4mi East 1 1/2 mi North

ORIGINAL



INVOICE NO.	Subject to Correction			FIELD ORDER 8400	
Date	Lease	Well #	Legal		
4-12-04	Wolfe	3-20	20-22-12		
Customer ID	County	State	Station		
	Stafford	KS	Pratt KS		
CHARGE	Depth	Formation	Shog Joint		
	White Eagle Res Corp	TP=277' 28ppt	15' Requested		
	Casing	Casing Depth	TD	Job Type	
		277	279	Surface New Well	
	Customer Representative		Treater		
	Steve Stephens		D. Scott		

AFE Number _____ PO Number _____

Materials Received by **X** *Steve Stephens*

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D203	225 sk	60-40 2oz Common	✓			
C310	582 Lb	Calcium Chloride	✓			
C194	49 Lb	Cellflake	✓			
F163	1 eq	Top 8 5/8 Wood Plug	✓			
E100	1 eq	Trk mi lway 35 mi				
E104	340 tm	Bulk Delv Chg				
E107	225 sk	Cmt Serv Chg				
R200	1 eq	Pump Charge				
E101	1 eq	Pick up mi lway 35 mi				
R201	1 eq	Cmt Head Rental				
		Discounted Price	3065.83			

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ORIGINAL

TREATMENT REPORT



Customer ID	Date
Customer White Eagle Res Corp	4-12-04
Lease Wolpe	Lease No.
	Well # 3-20
Field Order # 8400	Station Pratt KS
Casing 8 5/8	Depth 277
County Stafford	State KS

Type Job: Surface New Well
 Formation: _____
 Legal Description: 20-22-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
8 5/8		1.25 #3	14.5 ppq	225 sk. 60-40 pod				
Depth 262	Depth PBTD	From	To	Pre Pad 380 cc 1/4 C.F.	Max		500	5 Min.
Volume 16.3	Volume	From	To	Pad	Min			10 Min.
Max Press 500	Max Press	From	To	Frac 30 Bbl: 5L	Avg			15 Min.
Well Connection	Annulus Vol.	From	To	Flush	HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To		Gas Volume			Total Load

Customer Representative: Steve Stephens
 Station Manager: Dave Autry
 Treater: D. Scott

Service Units	118	46	57	44	75			
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1730					On loc w/Trki Safety mtg Csg on Bottom Break line w/Rig
1712	150		50	4	St mixing cont @ 14.5 ppq 225 sk
1727	0			0	Close In + Release Plug
1729	100			4	St Disp w/H2O
1734	200		16.3	0	Disp In - Close In. w. H
					Circ 3 Bbl: Amt = 13 sk wait 30 min Good cont in cellar

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Job Complete
 Thank you Scotty