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JUN 22 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 7383
Name: Grady Bolding Corporation
Address: P. O. Box 486
City/State/Zip: Ellinwood, Kansas 67526
Purchaser: _____
Operator Contact Person: Grady Bolding
Phone: (620) 564-2240
Contractor: Name: VonFeldt Drilling, Inc.
License: 9431
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. _____
05/04/2005 05/10/2005 05/10/2005
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25401-00-00
County: Ellis
W/2 SE NW Sec. 4 Twp. 13 S. R. 17 East West
3250 feet from S N (circle one) Line of Section
3680 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Marion Staab A Well #: 3
Field Name: Catherine NW
Producing Formation: _____
Elevation: Ground: 2064 Kelly Bushing: 2069
Total Depth: 3615 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 266 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) ALTI P&A WITH 4-17-05
Chloride content 65000 ppm Fluid volume 400 bbls
Dewatering method used allow to dry and backfill
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: [Signature] Date: 06/21/05
Subscribed and sworn to before me this 21st day of June,
2005
Notary Public: Jenny Kasselman
Date Commission Expires: 7-16-06

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



X

ORIGINAL

Operator Name: Grady Bolding Corporation Lease Name: Marion Staab A Well #: 3
 Sec. 4 Twp. 13 S. R. 17 East West County: Ellis

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

see attached

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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"	28	266	common	165	2% gel, 3% CL

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				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, Submit ACO-18.)

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

Production Interval _____

ALLIED CEMENTING CO., INC. 16161

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>5/4/05</u>	SEC <u>4</u>	TWP. <u>13S</u>	RANGE <u>17W</u>	CALLED OUT <u>6:30</u>	ON LOCATION <u>8:00</u>	JOB START	JOB FINISH
LEASE <u>Marion Staab A</u>	WELL # <u>3</u>	LOCATION <u>Catherine 2 N 34 E</u>			COUNTY <u>Ellis</u>	STATE <u>Ks.</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Vanfelt

TYPE OF JOB Secc

HOLE SIZE 12 1/4 T.D. 266

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15 3/4 661

OWNER

CEMENT

AMOUNT ORDERED 165 (3m) 3+2

EQUIPMENT

PUMP TRUCK CEMENTER Stoac

366 HELPER Bill

BULK TRUCK

213 DRIVER Gary

BULK TRUCK

DRIVER

COMMON 160 @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

REMARKS:

Cement Circ Doob

CHARGE TO: Grady Dolding

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.

SIGNATURE Doug Budig

TOTAL

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

1 @ 8 5/8 Wood Plug @

TOTAL

PLUG & FLOAT EQUIPMENT

MANIFOLD @

TOTAL

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME Doug Budig

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ALLIED CEMENTING CO., INC. 16558

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>5-10-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>5:00PM</u>	JOB START <u>5:45PM</u>	JOB FINISH <u>9:45pm</u>
LEASE <u>Marion Staats</u>	WELL # <u>3</u>		LOCATION <u>I-70 Taylor N to Curve</u>		COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			<u>3N 23E S into</u>				

CONTRACTOR Ventfeldt Drilling

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 T.D. 3615'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 210 sks 60/40 65 Gel
1/4 lb Flc Seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Steve

345 HELPER Chris

BULK TRUCK DRIVER Mark

213 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

REMARKS:

<u>1 1/2 Plug @ 3615'</u>	<u>25 sks</u>
<u>200 Plug @ 1300'</u>	<u>25 sks</u>
<u>300 Plug @ 750'</u>	<u>80 sks</u>
<u>4 1/2 Plug @ 300'</u>	<u>40 sks</u>
<u>5 1/2 Plug @ 40'</u>	<u>10 sks</u>
<u>Rathole</u>	<u>15 sks</u>
<u>mouse hole</u>	<u>0 sks</u>

CHARGE TO: Glady Bobling

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., Inc.
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SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____ @ _____

Dry Hole Plug _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Doug Budis

Doug Budis
PRINTED NAME

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