

ORIGINAL

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KANSAS CORPORATION COMMISSION

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

Form ACO-1
September 1999
NOV 02 2001
Form Must Be Typed

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 32845
Name: Devon SFS Operating, Inc.
Address: 20 North Broadway, Suite 1500
City/State/Zip: Oklahoma City, OK 73102-8260
Purchaser: Tall Grass, LLC
Operator Contact Person: Robert Cole
Phone: (405) 235-3611
Contractor: Name: MOKAT Drlg.
License: #5831
Wellsite Geologist: Harley Gilbert

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. _____

3/28/01-Spud Date 3/29/01-TD TA-until Compl.
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 133-25669- 00-00
County: Neosho
SE-NV-NV Sec. 24 Twp. 30 S. R. 19 East West
4290 feet from S / N (circle one) Line of Section
4290 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Paul Bogner Well #: 1

Field Name: _____
Producing Formation: Not Perforated
Elevation: Ground: N/A Kelly Bushing: _____
Total Depth: 912 ft. Plug Back Total Depth: 910 ft.
Amount of Surface Pipe Set and Cemented at 35 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from Surface
feet depth to 910 ft. w/ 110 sx cmt.

ALT II UNHR 5-4-06
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume N/A 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: Robert Cole
Title: Eng/Drlg Tech Date: 11/1/01
Subscribed and sworn to before me this 1st day of November,
2001

Notary Public: Janice L. Modisette
Date Commission Expires: _____
JANICE L. MODISETTE
Oklahoma County
Notary Public in and for
State of Oklahoma
My commission expires 7-5-03

KCC Office Use ONLY
Deny letter of Confidentiality Attached DPW
If Denied, Yes Date: 11-15-01 ad
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

NOV 02 2001

Operator Name: Devon SFS Operating, Inc. Lease Name: Paul Bogner Well #: 1
 Sec. 24 Twp. 30 S. R. 19 East West County: Neosho

CONSERVATION DIVISION
WICHITA, KS

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GR, N, D, DIL, CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum
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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"	20 #/ft	35'	Portland	11	none
Production	6 3/4"	4 1/2"	10.5 #/ft	910'	Cl "A"	110	Diacel

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
N/A	N/A	N/A	N/A

TUBING RECORD	Size	Set At	Packer At	Liner Run
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. TA-Until Completion	Producing Method
	<input checked="" 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
N/A	N/A	N/A	N/A	N/A	N/A

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Sumit ACO-18.) Other (Specify) TA-Until Completion



CONSOLIDATED INDUSTRIAL SERVICES

AN INFINITY COMPANY
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

RECEIVED
KANSAS CORPORATION COMMISSION

TICKET NUMBER **13703**

NOV 02 2001

LOCATION Chanute

FIELD TICKET DIVISION
WICHITA, KS

Legacy #1

DATE <i>4/2/01</i>	CUSTOMER ACCT # <i>4835</i>	WELL NAME <i>Boyer lease</i>	QTR/QTR	SECTION <i>24</i>	TWP <i>30</i>	RGE <i>17</i>	COUNTY <i>NO</i>	FORMATION
CHARGE TO <i>Langston Exp.</i>				OWNER <i>Legacy</i>				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<i>5401</i>	<i>1 well</i>	<i>PUMP CHARGE Cement Pump</i>		<i>525.00</i>
<i>5402</i>	<i>910'</i>	<i>Casing Fringe</i>		<i>127.40</i>
		HYDRAULIC HORSE POWER		
<i>1110</i>	<i>11 SK</i>	<i>Gilseairc</i>		<i>216.70</i>
<i>1111</i>	<i>231 #</i>	<i>Salt</i>		<i>48.51</i>
<i>3123</i>	<i>66 #</i>	<i>Diesel</i>		<i>778.80</i>
<i>1128</i>	<i>44 #</i>	<i>Lamar D</i>		<i>217.80</i>
<i>111A</i>	<i>110 #</i>	<i>Metsa Beads</i>		<i>148.50</i>
<i>1118</i>	<i>4 SK</i>	<i>Prem Gel 2 In lead</i>		<i>47.20</i>
		<i>2 Ahead of Job</i>		
<i>4404</i>	<i>1</i>	<i>4 1/2 Rubber Plug</i>		<i>29.25</i>
<i>1107</i>	<i>1 SK</i>	<i>FloSeal</i>		<i>37.75</i>
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
<i>5502</i>	<i>3 hr</i>	VACUUM TRUCKS		<i>210.00</i>
		FRAC SAND		
<i>1104</i>	<i>110 SK</i>	<i>CEMENT Portland A 2% Gel 5# Gilseairc</i>		<i>1012.00</i>
		<i>68 Sak .40# Diesel .40# Lamar D 1# FloSeal</i>		
		<i>Metsa Beads</i>	<i>Tax</i>	<i>175.00</i>
<i>5407</i>	<i>30 mi.</i>	TON-MILES <i>Delivery</i>		<i>190.00</i>
			ESTIMATED TOTAL	<i>3763.92</i>

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN *Dwayne*

CUSTOMER or AGENT (PLEASE PRINT)

DATE

171633

NOV 02 2001

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 or 800-467-8676

CONSERVATION DIVISION
WICHITA, KS

TICKET NUMBER **5093**

LOCATION Chanute

FOREMAN Dwayne

TREATMENT REPORT

DATE <u>4/12/01</u>	CUSTOMER ACCT #	WELL NAME <u>Legacy #1</u> <u>Bogner Lease</u>	QTR/QTR	SECTION <u>24</u>	TWP <u>30</u>	RGE <u>19</u>	COUNTY <u>NO</u>	FORMATION
CHARGE TO <u>Langton Exp</u>				OWNER				
MAILING ADDRESS				OPERATOR <u>Legacy</u>				
CITY				CONTRACTOR				
STATE		ZIP CODE		DISTANCE TO LOCATION <u>30 mi</u>				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>6 3/4</u>
TOTAL DEPTH	<u>912'</u>
CASING SIZE	<u>4 1/2</u>
CASING DEPTH	<u>910'</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	<u>Cement Pump</u>

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

	PRESSURE LIMITATIONS	
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Cement Long String

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Washed Down two joints then Ran Line Ahead Hooked on and Brake Circulation Pumped 2 SK Gel Followed By 9 Bell Dye Then Started Cement. Pumped Cement 110 SK to Get Dye Back Stopped and Washed out Pump and then Pumped Plug to Bottom. Set Fibred Shoe and Removed Plug container

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____