

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33487 KCC

Name: Orbit Energy, L.L.C.

Address: 4801 Woodway Suite 115West JUN 09 2005

City/State/Zip: 77056 CONFIDENTIAL

Purchaser: Coffeyville Resources

Operator Contact Person: Greg A Thompson

Phone: (713) 355-7000 RECEIVED

Contractor: Name: C & G Drilling KANSAS CORPORATION COMMISSION

License: JUN 10 2005

Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion: CONSERVATION DIVISION  
WICHITA, KS

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. \_\_\_\_\_

<u>4/18/05</u>	<u>4/22/05</u>	<u>5/20/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - ~~049-2655~~ 019-2665500-00

County: Chautauqua

ne ne ne Sec. 32 Twp. 33s S. R. 13  East  West

330 feet from S / (N) (circle one) Line of Section

330 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW

Lease Name: Goff Well #: 4

Field Name: Frasier

Producing Formation: Mississippian

Elevation: Ground: 1025 Kelly Bushing: 7

Total Depth: 2025 Plug Back Total Depth: 2016

Amount of Surface Pipe Set and Cemented at 42 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from 50

feet depth to surface w/ 30 sx cmt.

Drilling Fluid Management Plan ALT II W HW  
(Data must be collected from the Reserve Pit) 4-20-07

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ 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: Greg A. Thompson

Title: Chief Operating Officer Date: 6/18/05

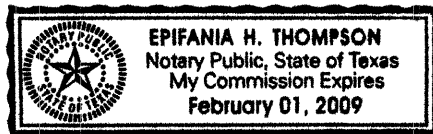
Subscribed and sworn to before me this 8th day of June, 2005.

Notary Public: Epifania H. Thompson

Date Commission Expires: 2-1-09

KCC Office Use ONLY

- Letter of Confidentiality Received
- If Denied, Yes  Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution



Operator Name: Orbit Energy, L.L.C. Lease Name: Goff Well #: 4  
 Sec. 32 Twp. 33s S. R. 13  East  West County: Chautauqua

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Mississippian 1786  <div style="text-align: center;"> <b>KCC</b>  <b>JUN 09 2005</b>  <b>CONFIDENTIAL</b> </div>
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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
	12 1/4	8 5/8	23	42	Reg.	30	
	7 7/8	4 1/2	10.50	2025	Thick Set	360	

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
25PF	(cibp2025')		
Perf's	1786'-1796'	400 gls. 15% HCL	
		<b>RECEIVED</b> <b>KANSAS CORPORATION COMMISSION</b> <b>JUN 10 2005</b> <b>CONSERVATION DIVISION</b> <b>WICHITA KS</b>	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	1841'			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
5/20/05			<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	
	0	50	15			

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_  
*(If vented, Submit ACO-18.)*  Other (Specify) \_\_\_\_\_

IDENTIFIED OIL WELL SERVICES, INC.  
 14TH STREET, CHANUTE, KS 66720  
 431-9210 OR 800-467-8676

TICKET NUMBER 3635  
 LOCATION Fureka  
 FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
4-18-05		Goff #4	32	33s	13E	Chautauque	
CUSTOMER Orbit Energy, LLC			C9G Drly. CO.				
MAILING ADDRESS 4801 Woodway, Suite 115 west							
CITY Houston		STATE Tx	ZIP CODE 77056	TRUCK #	DRIVER	TRUCK #	DRIVER
				446	Kick		
				441	Scott		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 152' CASING SIZE & WEIGHT 8 5/8" - 24lb.  
 CASING DEPTH 50' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15<sup>th</sup> SLURRY VOL 6 1/2 Bbls. WATER gal/sk 5.2 CEMENT LEFT in CASING 5'  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation with fresh water.  
Mixed 30 sks Reg. cement w/ 3% CaCl<sub>2</sub>. Displace cement with 2 3/4 Bbls. water. Shut down  
close casing in with good cement returns.  
Job complete - Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	50	MILEAGE		
1104	30 SKs	Regular - class A cement		
1102	80 lbs.	CaCl <sub>2</sub> 3%		
5407	TON	Mileage - Bulk Truck		

KCC  
 JUN 03 2005  
 CONFIDENTIAL  
 RECEIVED  
 KANSAS CORPORATION COMMISSION  
 JUN 10 2005  
 CONSERVATION DIVISION  
 WICHITA, KS

AUTHORIZATION J. anal Rindle TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 SALES TAX ESTIMATED TOTAL \_\_\_\_\_

