

**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 # 5254
 Name: MIDCO Exploration, Inc.
 Address: 414 Plaza Drive, Suite 204
 City/State/Zip: Westmont, IL 60559
 Purchaser: N/A
 Operator Contact Person: Earl J. Joyce, Jr.
 Phone: (630) 655-2198
 Contractor: Name: Leiker Well Service
 License: 30891
 Wellsite Geologist: _____
 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: MIDCO Exploration, Inc.
 Well Name: Flickner #2
 Original Comp. Date: 3/12/03 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. D 28,493
 SWD

<u>4/12/05</u>	<u>4/15/05</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 095-21833-00-00101
 County: Kingman
~~NW~~ NW NE Sec. 35 Twp. 28 S. R. 8 East West
668 41036 feet from S (circle one) Line of Section
2310 2442 feet from E W (circle one) Line of Section
RCC GPS
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Flickner Well #: 2
 Field Name: Garlisch SW
 Producing Formation: Mississippi
 Elevation: Ground: 1638' Kelly Bushing: 1646'
 Total Depth: 4752' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 284 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 4259' Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT I with
 (Data must be collected from the Reserve Pit) 2-22-07
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: **RECEIVED**
KANSAS CORPORATION COMMISSION
APR 18 2005
 Operator Name: _____
 Lease Name: _____ License No. _____
 Quarter _____ Sec. _____ Twp. _____ S. R. WICHITA East West
 County: _____ Docket No.: _____

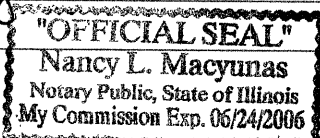
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: _____
 Title: Vice-President Date: 4/15/05

Subscribed and sworn to before me this 15th day of April,
 2005.

Notary Public: Nancy L. Macyunas
 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 #: 2
 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: NO NEW LOGS	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used EXISTING							
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"	23#	284'	60/40 poz	225	3% cc 2% gel
Production	7 7/8"	5 1/2"	15.5#	4614'	ASC	50	5#/sk Kolselal
				4259	ASC	100	5#/sk Kolselal

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 checked="" type="checkbox"/> Plug Off Zone	4147	A common	75	

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
4	4099-4103 (non-squeezed off)	RECEIVED KANSAS CORPORATION COMMISSION APR 18 2005 CONSERVATION DIVISION WICHITA, KS	
4	4143-4147 (non-squeezed off)		

TUBING RECORD		Size Set At	Packer At	Liner Run
2 7/8 Sealtite		4542'	4549'	<input type="checkbox"/> Yes <input checked="" 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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ALLIED CEMENTING CO., INC. 11044

Federal Tax I.D.# 48-0727860

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
med. lodge, Ks.

DATE <u>8-14-03</u>	SEC. <u>35</u>	TWP. <u>28s</u>	RANGE <u>8w</u>	CALLED OUT <u>6:00A.m.</u>	ON LOCATION <u>10:30A.m.</u>	JOB START <u>11:00A.m.</u>	JOB FINISH <u>1:00P.m.</u>
LEASE <u>Flickner</u>	WELL # <u>#2</u>	LOCATION <u>Spivey 9n-3/4E-5/5</u>		COUNTY <u>Kingman</u>	STATE <u>KS.</u>		

OLD NEW (Circle one)

CONTRACTOR Liker Well Service

OWNER mid Co Exploration

TYPE OF JOB Perf. Squeeze

HOLE SIZE _____ T.D. _____

CEMENT AMOUNT ORDERED 705x CLASS A neat

CASING SIZE 5/2 x 15.5 DEPTH _____

TUBING SIZE 2 3/8 DEPTH 3978

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 2500 MINIMUM 1000

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 4104.06 - 4147.50

DISPLACEMENT 8 Bbls. Fresh H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Larry Dreiling

343 HELPER Eric Brewer

BULK TRUCK _____

242 DRIVER TRAVY

BULK TRUCK _____

_____ DRIVER _____

COMMON 75 "A" @ 7.15 536.25
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 75 @ 1.15 86.25
 MILEAGE 50 x .05 x 75 187.50

TOTAL 810.00

REMARKS:

Perf. 4147' 2 1/2 BPM @ 1400 PSI
Perf 4104' 2 1/2 BPM @ 1400 PSI
Packer set 3978' load Annulus
Pump 705x CLASS A neat. wash out
Pump + lines. Displace 8 Bbls. Squeezed
@ 2500 PSI. Reverse out. Pull 2 stds.
Pressure Squeeze @ 2000 PSI
Shott In.

SERVICE

DEPTH OF JOB 4147'
 PUMP TRUCK CHARGE _____ 1195.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 50 @ 3.50 175.00
 PLUG _____ @ _____
Squeeze manifold @ 75.00 75.00
 _____ @ _____

TOTAL 1445.00

CHARGE TO: mid Co Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

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.

TAX _____
 TOTAL CHARGE ~~1445.00~~
 DISCOUNT ~~1445.00~~ IF PAID IN 30 DAYS

SIGNATURE David A. Mayfield

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

PRINTED NAME _____