

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

RECEIVED

AUG 02 2004

Form ACO-1
 September 1999
 Form Must Be Typed

KCC WICHITA

Operator: License # 6764
 Name: Bogle & Bogle
 Address: 40688 W. 255th
 City/State/Zip: Wellsville, Kansas 66092
 Purchaser: Crude Marketing, Inc.
 Operator Contact Person: Larry Bogle
 Phone: (785) 883-2785
 Contractor: Name: Town Oil Company, Inc.
 License: 6142
 Wellsite Geologist: _____

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. _____

7-15-03 7-18-03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 059-24942 - 0000
 County: Franklin
NW-SW-NW Sec. 3 Twp. 16 S. R. 21 East West
3630 feet from (S) N (circle one) Line of Section
4940 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Sturm Well #: 1-03
 Field Name: Paola-Rantoul
 Producing Formation: Squirrel
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 725 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 20
 feet depth to 0 w/ 3 sx cml.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) *ALT II W/HW 3-19-07*
 Chloride content fresh ppm Fluid volume 80 bbls
 Dewatering method used used on lease
 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: Roberta Town
 Title: Agent Date: 7-23-04
 Subscribed and sworn to before me this 23 day of July,
2004
 Notary Public: Jaculyn Cheek
 Date Commission Expires: 9-12-2005

KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received



Operator Name: Bogle & Bogle Lease Name: Sturm Well #: 1-03
 Sec. 3 Twp. 16 S. R. 21 East West County: Franklin

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)

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

SEE ATTACHED COPY

List All E. Logs Run:

CASING RECORD New 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	9	6 1/4		20	Portland	3	
Completion	5 5/8	2 7/8		725	Portland	103	50/50 poz 2% Cel

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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
2	687-693		

TUBING RECORD

Size Set At Packer At Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr.

Producing Method Flowing Pumping Gas Lift Other (Explain)

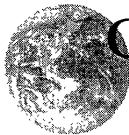
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

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



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER **20487**

LOCATION Wellsville, Ks

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-18-03	7823	Stuim #1-03		3	16	21	FR	
CHARGE TO <u>Town Oil (Larry Bogle)</u>				OWNER				
MAILING ADDRESS <u>16205 W. 287 TH ST</u>				OPERATOR <u>Town Oil</u>				
CITY & STATE <u>Paola, Ks. 66071</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	One	PUMP CHARGE Cement One Well		525. ⁰⁰
5402	725'	Casing footage		N/C
1118	451cs	Premium Gel		477. ²⁰
4402	One	2 7/8" Rubber Plug		15. ⁰⁰
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5407	One Mn	BLENDING & HANDLING		190. ⁰⁰
		TON-MILES		
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
		VACUUM TRUCKS <u>OWN 112.0</u>		N/C
		FRAC SAND		
1124	103	CEMENT <u>5730 Pbz Blend</u>		664. ³⁵
			SALES TAX	49. ⁴¹
Sub Total				2417. ⁹⁵
ESTIMATED TOTAL				1490. ⁹⁶

Revin 2790

CUSTOMER or AGENTS SIGNATURE _____

CIS FOREMAN

Jim Green

CUSTOMER or AGENT (PLEASE PRINT) _____

DATE

7-18-03

185369

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

RECEIVED
 AUG 23 2004
 KCC WICHITA

TICKET NUMBER **29026**
 LOCATION *Wellsville Ks*
 FOREMAN *Jim Green*

TREATMENT REPORT

DATE <i>7-18-03</i>	CUSTOMER # <i>7823</i>	WELL NAME <i>Sturm #1-03</i>	FORMATION
SECTION <i>3</i>	TOWNSHIP <i>16</i>	RANGE <i>21</i>	COUNTY
CUSTOMER <i>Town Oil (Larry King) Boale</i>			
MAILING ADDRESS <i>16205 W. 289th St</i>			
CITY <i>Paola</i>			
STATE <i>Ks</i>		ZIP CODE <i>66071</i>	
TIME ARRIVED ON LOCATION			

WELL DATA	
HOLE SIZE <i>5 7/8</i>	PACKER DEPTH
TOTAL DEPTH <i>735</i>	PERFORATIONS
	SHOTS/FT.
CASING SIZE <i>2 7/8</i>	OPEN HOLE
CASING DEPTH <i>725</i>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

INSTRUCTION PRIOR TO JOB *Established circulation, mix and pump 20 gal. Followed with 108 gal 5% gel mix, 2 3/4 gal. Pump 2 3/4 rubber plug to total depth pressure up to 500 PSI. Held good close valve. Circulating cement to surface.*

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>389</i>	<i>Jim G</i>		
<i>368</i>	<i>Brad W</i>		
<i>195</i>	<i>Mat L</i>		

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"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING ID		

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN
							MAX RATE
							MIN RATE

p.c. 8-11-03 # 210