

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

**ORIGINAL**

Form ACO-1  
September 1999

Form Must Be Typed

Operator: License # 33221  
Name: Roxanna Pipeline, Inc.  
Address: 4600 Greenville Ave., Ste. 200  
City/State/Zip: Dallas, TX 75206  
Purchaser: Plains  
Operator Contact Person: Carol M. Shiels  
Phone: (214) 691-6216  
Contractor: Name: Well Refined Drilling  
License: 33072  
Wellsite Geologist: Dick Cornell

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. \_\_\_\_\_

<u>7/17/04</u>	<u>7/19/04</u>	<u>8/23/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 001-29087-00-00  
County: Allen  
N/2 NW SW SE Sec. 15 Twp. 24 S. R. 19  East  West  
1155 feet from (S) N (circle one) Line of Section  
2290 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Meiwes Well #: 15-1  
Field Name: Iola

Producing Formation: Burgess Sand  
Elevation: Ground: 1030 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1023 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 22 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 22 w/ 4 sx cmt.

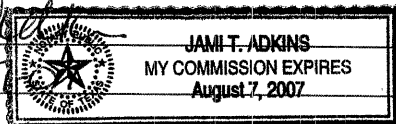
*ACT II WHM 2-28-07*

**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: Marie Lewis  
Title: Geological Assistant Date: 9/17/04  
Subscribed and sworn to before me this 17<sup>th</sup> day of September,  
2004.  
Notary Public: Jamie J. Adkins  
Date Commission Expires: 8-7



**KCC Office Use ONLY**

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

Operator Name: Roxanna Pipeline, Inc. Lease Name: Meiwes Well #: 15-1  
 Sec. 15 Twp. 24 S. R. 19  East  West County: Allen

**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:  <b>Induction, Density Neutron</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>B/Kansas City</td> <td>266 (base)</td> <td>GL</td> </tr> <tr> <td>Fort Scott</td> <td>594</td> <td>GL</td> </tr> <tr> <td>Bevier</td> <td>712</td> <td>GL</td> </tr> <tr> <td>Burgess</td> <td>945</td> <td>GL</td> </tr> <tr> <td>Mississippi</td> <td>984</td> <td>GL</td> </tr> </table>	Name	Top	Datum	B/Kansas City	266 (base)	GL	Fort Scott	594	GL	Bevier	712	GL	Burgess	945	GL	Mississippi	984	GL
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CASING RECORD <input checked="" 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
casing	12 1/4	8 5/8	20	22	Portland	4	
production	7 7/8	5 1/2	15.5	1021	50/50 Poz	180	2% gel 5% salt

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
3	941-955	F/2500# 20/40 & 6000# 12/20	941

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	954	N/A		
Date of First, Resumerd Production, SWD or Enhr. 9/01/04			Producing Method			
			<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	
	1	0	5			

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

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

TICKET NUMBER 1370  
 LOCATION EURORA  
 FOREMAN Kevin McCoy

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-23-04		MICROPS # 15-1	15	24S	19E	ALLEN

CUSTOMER <u>DOXANNA Pipelines, Inc.</u>		
MAILING ADDRESS <u>4600 GREENVILLE AVE. STE 200</u>		
CITY <u>DALLAS</u>	STATE <u>Tx</u>	ZIP CODE <u>76206</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
445	TRAY		
442	Anthony		
436	Ed		
400	MAC		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>1023'</u>	CASING SIZE & WEIGHT <u>5 1/2 15.50 #</u>
CASING DEPTH <u>1021'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>15.8 #</u>	SLURRY VOL <u>43 BBL</u>	WATER gal/sk _____	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>24.25</u>	DISPLACEMENT PSI <u>500</u>	MIX PSI <u>1100</u>	RATE _____

REMARKS: SAFETY Meeting: Rig up to 5 1/2 casing. BREAK circulation w/ fresh water. Wash down 40' to total casing depth 1021'. Pump 10 Bbl GEL flush. Brought gel to surface. Rig up to cement. Pump 15 Bbl Dye water. Mixed 180 sks 50/50 Pozmix Cement w/ 2% gel, 5" Gilsonite per/sk, 1/4" Floccle per/sk, 5% SALT @ 15.8 # per/gal. (yield 1.35) wash out Pump & Lines. Shut down. Release Plug. Displace w/ 24.25 BBL fresh water. Final Pumping Pressure 500 PSI. Bump Plug to 1100 PSI. Check float. float Held. Shut casing in @ 0 PSI. Good Cement Returns to surface = 9 Bbl Slurry = 33 sks. Job Complete. Rig down RAN wire line behind Plug. TAG Plug @ 1026' 5' Above G.L.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	710.00	710.00
	0	MILEAGE		N/C
1124	180 SKS	50/50 Pozmix Cement	6.90	1242.00
1118	3 SKS	Gel 2%	12.40	37.20
1110	18 SKS	Gilsonite 5" per/sk	20.35	366.30
1107	2 SKS	Floccle 1/4" per/sk	40.00	80.00
1111	450 # 9 SKS	GRANULATED SALT 5%	.26 #	117.00
1118	3 SKS	Gel (GEL flush)	12.40	37.20
5501 C	4 HRS	water Transport	84.00	336.00
5502 C	4 HRS	80 Bbl VAC TRUCK	78.00	312.00
1123	5040 GALS	City water	11.50 <sup>per 1000</sup>	57.96
4406	1	5 1/2 Top Rubber Plug	40.00	40.00
5407		Toni Mileage	N/C	225.00
			Sub total	3560.66
			6.3%	SALES TAX 124.59
			ESTIMATED TOTAL	3685.25

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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