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SEP 26 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 6230
Name: First National Oil Co.
Address: 150 Plaza Drive Ste B-3
City/State/Zip: Liberal, Ks. 67901
Purchaser: _____
Operator Contact Person: Bill Carlisle
Phone: (620) 624-1664
Contractor: Name: _____
License: _____

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: Midco Exploration Inc.

Well Name: Rosson Farms # 1

Original Comp. Date: 1-27-85 Original Total Depth: 6050

____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD

Plug Back 2703 Plug Back Total Depth

____ Commingled _____ Docket No. _____

____ Dual Completion _____ Docket No. _____

____ Other (SWD or Enhr.?) _____ Docket No. _____

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date

API No. 15 - 175-20811-00-02

County: Seward

C-NE- Sec. 32 Twp. 31 S. R. 31 East West

1320 feet from S / (circle one) Line of Section

1320 feet from (circle one) W Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Rosson Farms Well #: 1

Field Name: _____

Producing Formation: Chase

Elevation: Ground: 2806 Kelly Bushing: 2816

Total Depth: 5797 Plug Back Total Depth: 2703

Amount of Surface Pipe Set and Cemented at 1635 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 7000 ppm Fluid volume 200 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: Bill Carlisle

Title: Dist. Supt. Date: 9-1-05

Subscribed and sworn to before me this 21 day of September

2005

Notary Public: Sandra Carlisle SANDRA CARLISLE

Date Commission Expires: 8-1-2009 My Appt. Expires 8-1-2009

KCC Office Use ONLY

No Letter of Confidentiality Attached

If Denied, Yes Date: _____

____ Wireline Log Received

____ Geologist Report Received

____ UIC Distribution

Operator Name: First National Oil Co. Lease Name: Rosson Farms Well #: 1
 Sec. 32 Twp. 31 S. R. 31 East West County: Seward

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 Chase Top 2644 Datum

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
case hole	7 7/8	4 1/2	10.5	5797	AA-2	300	

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2728	H	100	Class H w/ 2% cc

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
	CIBP @ 3400		
3	2696-2702	2000 15%	
3	2644-2654	2000 15%	

TUBING RECORD	Size <u>2 3/8</u> Set At <u>2695</u> Packer At _____	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. _____	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls. _____	<u>Gas</u> Mcf <u>872</u>	<u>Water</u> Bbls. <u>6</u>	Gas-Oil Ratio _____	Gravity _____
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Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

Production Interval _____