

**ORIGINAL**

**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

Operator: License # 9684  
Name: M S DRILLING CO.  
Address: P.O. BOX 87  
City/State/Zip: ST. PAUL, KANSAS 66771  
Purchaser: \_\_\_\_\_  
Operator Contact Person: MARK A. SMITH  
Phone: ( 620 ) 449-2200  
Contractor: Name: M S DRILLING CO.  
License: 9684  
Wellsite Geologist: MARK SMITH

API No. 15 - 099-23791-00-00  
County: LABETTE  
165 EAST OF  
SW NE SW Sec. 29 Twp. 33 S. R. 20  East  West  
1650 feet from S / N (circle one) Line of Section  
1815 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: NEIGHBORS Well #: 29-2  
Field Name: WILD CAT  
Producing Formation: NONE  
Elevation: Ground: 845 Kelly Bushing: \_\_\_\_\_  
Total Depth: 407 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/ 5 sx cmt.

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. \_\_\_\_\_

12-26-05 12-30-05 1-02-06  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

Drilling Fluid Management Plan ALT#2 KJR 5/15/07  
(Data must be collected from the Reserve Pit) PHH N/A  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: N/A  
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: Mark A. Smith  
Title: operator Date: 2-22-06  
Subscribed and sworn to before me this 22 day of Feb.  
20 06.  
Notary Public: Lois Lombardo  
Date Commission Expires: 12-30-2009

**LOIS LOMBARDO**  
Notary Public - State of Kansas  
Appt. Expires 12-30-09

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
**FEB 23 2006**  
**KCC WICHITA**

ORIGINAL

Operator Name: M S DRILLING CO. Lease Name: NEIGHBORS Well #: \_\_\_\_\_  
 Sec. 29 Twp. 33 S. R. 20  East  West County: LABETTE

**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 (Attach Additional Sheets)  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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy)  List All E. Logs Run:  <p style="text-align: center;">NONE</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>OSWEGO LIMESTONE</td> <td>45'</td> <td>+800'</td> </tr> <tr> <td>BEVIER COAL</td> <td>179'</td> <td>+666'</td> </tr> <tr> <td>VERDIGRIS LIME</td> <td>218'</td> <td>+627'</td> </tr> <tr> <td>BARTLESVILLE SAND</td> <td>374'</td> <td>+471'</td> </tr> </tbody> </table>	Name	Top	Datum	OSWEGO LIMESTONE	45'	+800'	BEVIER COAL	179'	+666'	VERDIGRIS LIME	218'	+627'	BARTLESVILLE SAND	374'	+471'
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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
SURFACE	10"	6 5/8"	10	20	PORTLAND	5	NONE

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

TUBING RECORD	Size	Set At	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 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

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**

**ALTAMONT BUILDER'S SUPPLY, LLC**  
**601 S. Huston • Altamont, KS 67330**  
**Ph 620-784-5333 • Fax 620-784-5368**  
**Building Materials • Feed**

Customer's Order No.		Date		1-14-2006				
Name <i>M S Drilling</i>								
Address								
SOLD BY <i>K CK</i>		CASH	C.O.D.	CHARGE	ON ACCT.	MDSE.	RETD.	PAID OUT
QUAN.	DESCRIPTION			PRICE	AMOUNT			
<i>60</i>	<i>Portland Cement</i>			<i>8<sup>00</sup></i>	<i>480.00</i>			
<i>10</i>	<i>Fly Ash</i>			<i>3<sup>99</sup></i>	<i>39.90</i>			
<del><i>2</i></del>	<del><i>Item</i></del>				<i>519.90</i>			
<i>x Bring Cement pallets</i>								
<i>When picking up</i>					<i>(next week)</i>			
<i>the portland.</i>								
<i>Mark took the flyash 1/14/06</i>								
All claims and returned goods MUST be accompanied by this bill.					SALES TAX			
8262 Received By					<i>39.26</i>			
					TOTAL	<i>559.16</i>		

AUTOMATIC BUSINESS PRODUCTS CO., INC., 1531 AIRWAY CIRCLE, NEW SMYRNA BEACH, FL 32168 ORDER TOLL FREE 1-800-2-3-8192  
31169406 PC-2

**RECEIVED**  
**FEB 23 2006**  
**KCC WICHITA**



# CRAWFORD COUNTY LUMBER INC.

308 EAST FOREST  
GIRARD, KS 66743  
(620) 724-8714



HOME OWNED - HOME OPERATED

## INVOICE

DATE	INVOICE #	PAGE
10-08-2005	88914	1

**SOLD TO**

1  
CASH SALE

**SHIP TO**

ITEM NO.	SKU NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
C		PORTLAND CEMENT	60.00	7.25	435.00
ACCT BALANCE:					0.00
1 1/2% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES.					
SIGNATURE:					

SUB TOTAL	435.00
OTHER AMT	
SALES TAX	31.75
SHIPPING	
TOTAL AMT	466.75
TENDERED	466.75
CHANGE	
BALANCE	0.00

**THANK YOU!**

RECEIVED  
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