

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 # 5050
Name: Hummon Corporation
Address: 950 N. Tyler Road,
City/State/Zip: Wichita, KS 67212-3240
Purchaser: None
Operator Contact Person: Imogene Hitz
Phone: (316) 773-2300
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Arden Ratzlaff

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AUG 08 2003

KCC WICHITA

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AUG 06 2003

Designate Type of Completion:

- New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry **LOST HOLE** Other (Core, WSW, Expl., Cathodic, etc)

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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. _____

6/24/03 6/24/03

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

API No.: 15-007-22747 0000

County: Barber

170'S & 10'E of C
NW NW Sec 5 Twp 34 S. Rng 15 East West

830 feet from S N (check one) Line of Section

670 feet from E W (check one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(check one) NE SE NW SW

Lease Name: PLATT Well #: 1-5

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: 1618 Kelly Bushing: 1628

Total Depth: 250 Plug Back Total Depth: None

Amount of Surface Pipe Set and Cemented at 0 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ sx cmt.

ALT I Pkt WITH 2-9-07

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ 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: Imogene Hitz

Title: Production Secretary Date: 8/06/03

Subscribed and sworn to before me this 6th day of August, 2003

Notary Public: Karen J. Benbrook

Date Commission Expires: 6/17/2006

KCC Office Use ONLY

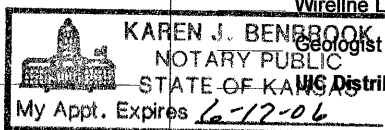
Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

US Distribution



Operator Name: Hummon Corporation Lease Name: PLATT Well #: 1-5
 Sec 5 Twp 34 S. R. 15 East West County: Barber

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit- Copy)</i> List All E. Logs Run: _____ _____ _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Name	Top	Datum																		
Name	Top	Datum																				

CASING RECORD <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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, Resumed Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit A CO- 18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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Federal Tax I.D.

KCC

ORIGINAL

MAIL TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Med Lodge

AUG 06 2003

DATE <u>6-24-03</u>	SEC. <u>5</u>	TWP <u>34S</u>	RANGE <u>15 W</u>	CALLLED OUT <u>CONFIDENTIAL</u>	ON LOCATION <u>9:30 PM</u>	JOB START <u>10:30 PM</u>	JOB FINISH <u>11:00 PM</u>
LEASE <u>Platt</u>	WELL # <u>1-5</u>	LOCATION <u>Aetna S to Painted Barber</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>			
OLD OF <u>(Circle one)</u>							

CONTRACTOR Duke #2

TYPE OF JOB Retrudy Plug

HOLE SIZE 7 7/8 T.D. 745

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 x 10' DEPTH 250'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Hummon Corp

CEMENT AMOUNT ORDERED

165 sx 60.40.60 gel

COMMON	<u>99 A</u>	@	<u>7.15</u>	<u>707.85</u>
POZMIX	<u>666</u>	@	<u>3.80</u>	<u>250.80</u>
GEL	<u>9</u>	@	<u>10.00</u>	<u>90.00</u>
CHLORIDE		@		

EQUIPMENT

PUMP TRUCK CEMENTER Justin Hart

352 HELPER David Felio

BULK TRUCK DRIVER Tanner Fox

242

BULK TRUCK DRIVER _____

HANDLING	<u>174</u>	@	<u>1.15</u>	<u>200.10</u>
MILEAGE	<u>35 x .05 x 174</u>			<u>304.50</u>

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TOTAL 1553.25

AUG 08 2003

KCC WICHITA SERVICE

REMARKS:

150 sx 60.40.6 @ 250'
to surface
15 sx Rat Hole

DEPTH OF JOB	<u>250'</u>			
PUMP TRUCK CHARGE				<u>520.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>35</u>	@	<u>3.50</u>	<u>122.50</u>
PLUG		@		

TOTAL 642.50

CHARGE TO: Hummon Corp.

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