

**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 # 32585
Name: N. C. Company Inc.
Address: 7545 250TH
City/State/Zip: Humboldt Ks.
Purchaser: Plain's Markrting, L.P.
Operator Contact Person: Darryn Young
Phone: (620) 431-6908
Contractor: Name: Consolidated
License: _____

Wellsite Geologist: _____

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SIOW Temp. Dry
 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>4/29/04</u>	<u>4/30/04</u>	<u>5/03/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 133-26066-00-00

County: Neosho

SE NW NE Sec. 2 Twp. 27 S. R. 18 East West
525 feet from S / N (circle one) Line of Section

2145 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Young Well #: 1

Field Name: Humboldt/Chanute

Producing Formation: Bartleville

Elevation: Ground: 1000 Kelly Bushing: _____

Total Depth: 937 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 _____

feet depth to _____ w/ _____ sx cmt.

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Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

*ACT II W HM
3-19-07*

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: Darryn Young

Title: Pres Date: 9-1-07

Subscribed and sworn to before me this 15th day of September

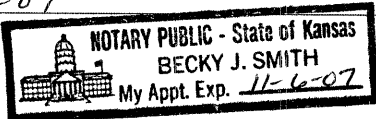
20 04

Notary Public: Becky J. Smith

Date Commission Expires: 11-06-07

KCC Office Use ONLY

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



Operator Name: N. C. OIL COMPANY INC. Lease Name: YOUNG Well #: 1
 Sec. 2 Twp. 27 S. R. 18 East West County: NEOSHO

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)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 BARTLEVILLE UPPER 810 840
 BARTLEVILLE LOWER 877 887

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CASING RECORD <input type="checkbox"/> New <input checked="" 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
	6.75	4.5	9.5	930	60/40	151	50/50 2%

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
2	63 810 TO 840 21 877 TO 887	15% 300 GAL	937

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2.375	925		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
06/08/04		<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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
	5	50	50		32

Disposition of Gas **METHOD OF COMPLETION** Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

TICKET NUMBER **24316**

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

LOCATION CHANUTE

FIELD TICKET

DATE 5-3-04	CUSTOMER ACCT # 5607	WELL NAME YOUNG #1	QTR/QTR	SECTION 2	TWP 27	RGE 18	COUNTY NO	FORMATION
CHARGE TO <u>NC OIL COMPANY</u>				OWNER				
MAILING ADDRESS <u>7545 250TH</u>				OPERATOR				
CITY & STATE <u>HUMBOLDT, KANSAS 66748</u>				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1- WELL	PUMP CHARGE CEMENT PUMP		675.-
1110	16 SKS	GILSONITE		310.40
1107	1 1/2 SKS	CELLO-FLAKE FLO-SEAL		56.63
1118	5 SKS	PREMIUM GEL / PENTONITE (2 AHEAD)		59.00
1111	381 #	GRANULATED SALT		95.25
1215	1 GAL	KCL		22.-
1123	3780 GAL	CITY WATER (90 BBLs)		42.53
4404	1	4 1/2" RUBBER PLUG.		35.00
5467	8 mi	BLENDING & HANDLING TON-MILES MINIMUM STAND BY TIME MILEAGE		190.-
5501C	3 1/2 HR	WATER TRANSPORTS		280.00
5502C	3 1/2 HR	VACUUM TRUCKS FRAC SAND		262.50
424/1131	151 SKS	CEMENT 60/40 (159 SKS TOTAL) (50/50; 2%; 5" GILSONITE; 5% SALT; 1/4" FLO-SEAL)	6.95	1049.45
		SALES TAX		103.84

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Ravin 2790

ESTIMATED TOTAL ~~2622.50~~

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN TODD A. TINDLE 3991.60

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

190055