

Operator Name: TWM Production Company Lease Name: Casper/Solomon Well #: 8
 Sec. 27 Twp. 26 S. R. 18 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 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

DRY HOLE AND PLUGGED

RECEIVED
 DEC 24 2003
 KCC WICHITA

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
Surface pipe		6 1/4		20	portland	4	

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
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 _____

**W & W PRODUCTION COMPANY
1150 HIGHWAY 39
CHANUTE, KANSAS 66720**

December 2, 2003

**TWM PRODUCTION COMPANY
P.O. BOX 1000
HUMBOLDT, KANSAS 66720**

**API # 15-001-29020-00-00
AR SW SW SW NE SEC 27, TWN. 26S. RANGE 18E
CASPER/SOLOMON WELL # 8 DRY HOLE**

4'	SOIL	0 - 4'
23'	ROCK	4 - 27
21'	SHALE	27- 48
7'	LIME	48-55
50'	SHALE	55-105
72'	LIME	105-177
6'	SHALE	177-183
25'	LIME	183-208
4'	SHALE	208-212
46'	LIME	212-258
162'	SHALE	258-420
3'	LIME	240-243
2'	SHALE	243-245
12'	LIME	425-437
97'	SHALE	437-534
19'	LIME	534-553
34'	SHALE	553-587
14'	LIME	587-601
12'	SHALE	601-613
5'	LIME	613-618
227'	SHALE	618-845

**20' OF 6 ¼ SURFACE PIPE SET
10/17/03 W 4 SACKS CEMENT
THIS WELL PLUGGED 12-1-03
PER KCC REQUIREMENTS**

RECEIVED

JAN 12 2004

KCC WICHITA

W & W PRODUCTION COMPANY

1150 Highway 39

Chanute, Kansas 66720

Phone: (620) 431-4137

December 1, 2003

TWM Production Company

1150 Highway 39

Chanute, Kansas 66720

Casper/Solomon Well # 8

15-001-29020

Sec. 27, Twn. 26, Rg. 18E

Allen County Kansas

DRY HOLE

92 sacks of Portland cement

2 Sacks Gel

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

Operator: License # 5488 **RECEIVED**
 Name: TWM Production Company
 Address: 1150 Highway 39 **JAN 12 2004**
 City/State/Zip: Chanute, Kansas 66720
 Purchaser: Crude Marketing **KCC WICHITA**
 Operator Contact Person: Michael or Carol Wimsett
 Phone: (620) 431-4137
 Contractor: Name: W & W Production Co. **RECEIVED**
 License: 5491 **DEC 24 2003**
 Wellsite Geologist: none
 Designate Type of Completion: **KCC WICHITA**
 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. _____

<u>10/17/03</u>	<u>11/15/03</u>	<u>12/1/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - ⁰⁰¹~~15-100~~-29020-00-00
 County: Allen
~~S~~SW ~~SW~~ ~~NE~~ ~~NE~~ Sec. 27 Twp. 26 S. R. 18 East West
2800 feet from S / N (circle one) Line of Section
2600 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Casper/Solomon Well #: 8
 Field Name: Humboldt/Chanute
 Producing Formation: N/A
 Elevation: Ground: N/A Kelly Bushing: _____
 Total Depth: 845 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 N/A 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 _____ 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.: _____

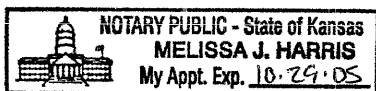
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Carol A. Wimsett
 Title: Office Manager Date: 12-22-03
 Subscribed and sworn to before me this 22nd day of December,
2003.
 Notary Public: Melissa J. Harris
 Date Commission Expires: 10-29-05

KCC Office Use ONLY

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



X

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