

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33638
 Name: Metro Energy Group, Inc.
 Address: P.O. Box 691734
 City/State/Zip: Tulsa, OK 74169
 Purchaser: _____
 Operator Contact Person: Jeff Steinke
 Phone: (918) 438-7971
 Contractor: Name: Landmark Drilling
 License: 33549
 Wellsite Geologist: Robert Pfannenstiel
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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>11-18-05</u>	<u>11-26-05</u>	<u>4-4-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-22944-00-00
 County: Barber
SE NE NE Sec. 34 Twp. 33 S. R. 13 East West
990 feet from S / (N) (circle one) Line of Section
330 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Spriggs Well #: 1-34
 Field Name: Aetna Gas Area
 Producing Formation: _____
 Elevation: Ground: 1661 Kelly Bushing: 1666
 Total Depth: 5230 Plug Back Total Depth: 5228
 Amount of Surface Pipe Set and Cemented at 241 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.
ALT I WHM 3-16-07
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 180 bbls
 Dewatering method used Backfill & Evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Herman Loeb Oil Company
 Lease Name: Lohman SWD License No.: 3273
 Quarter _____ Sec. 30 Twp. 35 S. R. 12 East West
 County: Barber Docket No.: CD-4812

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: Robert F. Pfannenstiel
 Title: Geologist Date: 10-20-06
 Subscribed and sworn to before me this 20 day of October
20 06
 Notary Public: Jeffrey Steinke
Jeffrey Steinke, Comm: 99018890
 Date Commission Expires: 3 January 2008

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes No Date: 10-31-06
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Metro Energy Group, Inc. Lease Name: Spriggs Well #: 1-34
 Sec. 34 Twp. 33 S. R. 13 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Compensated Neutron, Array Induction, Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Lansing-Kansas City</td> <td>4044</td> <td>-2378</td> </tr> <tr> <td>Marmaton</td> <td>4535</td> <td>-2869</td> </tr> <tr> <td>Mississippi</td> <td>4634</td> <td>-2968</td> </tr> <tr> <td>Chattanooga</td> <td>4890</td> <td>-3224</td> </tr> <tr> <td>Viola</td> <td>4958</td> <td>-3292</td> </tr> <tr> <td>Arbuckle</td> <td>5187</td> <td>-3521</td> </tr> </table>	Name	Top	Datum	Lansing-Kansas City	4044	-2378	Marmaton	4535	-2869	Mississippi	4634	-2968	Chattanooga	4890	-3224	Viola	4958	-3292	Arbuckle	5187	-3521
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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	12-1/4"	8-5/8"	24#	241	Reg	200	3%cc
Production	7-7/8"	4-1/2"	10.5#	5223	Reg	290	3%cc

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 <i>(Amount and Kind of Material Used)</i>	Depth
4spf	Viola 5003-08, 5014-17, 5020-23, 5025-30	1500 Gal 10% SME	CIBP 4850'
4spf	Mississippi Chert 4660-68, 4674-82	1000 Gal 10% NE-FE, 4400 BBLs H2O + 81,500# sand	CIBP 4600'
4spf	Swope 4447-4450	500 Gal 15 % HCL	

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input checked="" 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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease
 Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other (Specify) _____

API No.
15-007-22944
 OTC/OCC Operator No.
33688

CEMENTING REPORT
 To Accompany Completion Report
~~OKLAHOMA~~ **KANSAS**
 CORPORATION COMMISSION
 Oil & Gas Conservation Division
 Post Office Box 52000
 Oklahoma City, Oklahoma 73152-2000
 OAC 165:10-3-4(h)

Form 1002C
 (Rev. 2001)

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name		OCC District	
*Operator METRO ENERGY Group		OCC/OTC Operator No.	
*Well Name/No. SPRINGS 1-34		County BARBER	
*Location ___ 1/4 SE ___ 1/4 NE ___ 1/4 NE ___ 1/4	Sec 34	Twp 33 S.	Rge 18 W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		11-19-05				
*Size of Drill Bit (Inches)		12 1/4				
*Estimated % wash or hole enlargement used in calculations						
*Size of Casing (inches O.D.)		8 5/8				
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft.) from ground level		241				
Type of Cement (API Class)		REG				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Sacks of Cement Used		200				
In first (lead) or only slurry						
In second slurry						
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15.) in first (lead) or only slurry		236				
In second slurry						
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		SURFACE				
Cement left in pipe (ft)		16				

*Amount of Surface Casing Required (from Form 1000) _____ ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator.
 Items not so designated shall be completed by the Cementing Company.

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Remarks

*Remarks

CEMENTING COMPANY

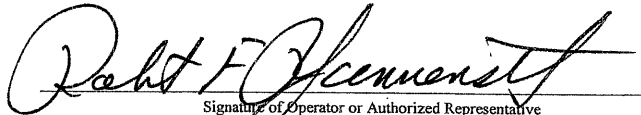
I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.



Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.



Signature of Operator or Authorized Representative

Name & Title Printed or Typed	STEVE ODELL - CEMENTER	
Cementing Company	Odell CEMENTERS INC	
Address	PO Box 272	
City	Cushing	
State	OK	Zip
Telephone (AC) Number	918-225-1633	
Date	11-19-05	

*Name & Title Printed or Typed	Robert F. Pfannenstiel	
*Operator	Metro ENERGY Group	
*Address	P.O. Box 691734	
*City	Tulsa	
*State	OK	*Zip
*Telephone (AC) Number	918-438-7971	
*Date	11-19-05	

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
- B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
- C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**

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