

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32451
Name: CLX ENERGY, INC.
Address: 518-17th Street, Suite 745
City/State/Zip: Denver, CO 80202
Purchaser: _____
Operator Contact Person: E. J. Henderson
Phone: (303) 825-7080
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

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: CLX ENERGY, INC.
Well Name: Acres

Original Comp. Date: 1/18/00 Original Total Depth: 5411'
____ 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. _____

2/5/01 2/7/01
~~Spud Date~~ Date Reached TD ~~Completion Date~~ Date of
Recompletion Date Recompletion Date

API No. 15 - ⁰⁰⁰¹033-21045-0000
County: Comanche
SW-NW-NE Sec. 21 Twp. 32 S. R. 18 East West
1000 feet from S (circle one) Line of Section
2310 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Acres Well #: 3
Field Name: Nescatunga
Producing Formation: Drum
Elevation: Ground: 2117' Kelly Bushing: 2128'
Total Depth: 5411 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 663 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 5212
feet depth to 3672' w/ 245 sx cml.

Drilling Fluid Management Plan *att I WHM 7/11/06*
(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.

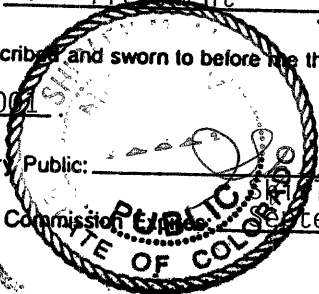
Signature: E. J. Henderson
Title: President Date: February 9, 2001

Subscribed and sworn to before me this 9th day of February

2001
Notary Public: Steph M. Wolf
Date Commission Expires: September 29, 2003

KCC Office Use ONLY

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



Operator Name: CLX ENERGY, INC. Lease Name: ACRES Well #: 3
 Sec. 21 Twp. 32 S. R. 18 East West County: Comanche

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 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 | # Sacs Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perorate <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> |
|----------------|---|--|
| | CIBP @ 4850' | |
| 4 | Perf. 4683' - 4690' | 1500 gals. 15% MCA |
| | | |
| | | |
| | | |

| | | | | |
|--------------|----------------|-----------------|-----------|--|
| UBING RECORD | Size 2-3/8" | Set At 4682' | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|----------------|-----------------|-----------|--|

| | | | | | | | |
|---|--|---------|-------------|---------------|---------|--|--|
| Date of First, Resumed Production, SWD or Enhr. 2/7/01 | Producing Method <input checked="" 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 | | |
| | -0- | 1,340 | -0- | | | | |

| | |
|--|--|
| Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ |
| Production Interval | |