

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 # 30076
Name: Andy Anderson dba: A & A PRODUCTION
Address: PO BOX 100
City/State/Zip: HILL CITY KS 67642
Purchaser: NCRA
Operator Contact Person: ANDY ANDERSON
Phone: (785) 421-2234
Contractor: Name: HT OIL LLC
License: 32890
Wellsite Geologist: KITT NOAH

API No. 15 - 065-22977-00-00
County: GRAHAM
SE SW NW NE Sec. 19 Twp. 8 S. R. 22 East West
1200 feet from S / (N circle one) Line of Section
2180 feet from (E) W (circle one) Line of Section

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: AMBROSIER Well #: 2
Field Name: HILL CITY EAST
Producing Formation: KANSAS CITY
Elevation: Ground: 2148 Kelly Bushing: _____
Total Depth: 3660 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 225' @ 230' W 160 SACKS Feet

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

Multiple Stage Cementing Collar Used? Yes No
If Alternate II completion, cement circulated from _____
per depth to _____ w/ _____ sx cmt.

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. _____

05-12-04	05-20-04	06-14-04
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan ALT#2 KGR 6/13/07
(Data must be collected from the Reserve Pit)
Chloride content 12000 ppm Fluid volume 380 bbls
Dewatering method used EVAPORATE
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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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: Andy Anderson
Title: OPERATOR Date: 06-28-04
Subscribed and sworn to before me this 14th day of July
20 04.
Notary Public: Rita A. Anderson
Date Commission Expires: Jan 21, 2008

KCC Office Use ONLY
No Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

NOTARY PUBLIC
STATE OF KANSAS
RITA A. ANDERSON
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 1-21-08

Operator Name: Andy Anderson dba: A & A PRODUCTION Lease Name: AMBROSIER Well #: 2
 Sec. 19 Twp. 8 S. R. 22 East West County: GRAHAM

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:

SONIC LOG

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
ANHYDRITE	1769	+384
B/ANHYDRITE	1802	+345
TOPEKA	3156	-1003
HEEBNER	3373	-1220
TORONTO	3397	-1244
LANSING	3412	-1259
B/KC	3627	-1474

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
SURFACE	12 1/4"	8 5/8"	20	230	60/40 POZ	160	3% CC 2% GEL
PRODUCTION	7 7/8"	5 1/2'	20	3651	COM	175	10% SALT 2% GEL

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	3627	60/40 POZ	425	8% GEL 1/4 4 FLO-SEAL

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
4	3583 - 3587	250 GAL 15% ACID	3587

TUBING RECORD		Size	Set At	Packer At	Liner Run
2 7/8"		3619			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
06-24-04		<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	58	0	1		41

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

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

* * * * *
 * I N V O I C E *
 * * * * *

Invoice Number: 093272

Invoice Date: 05/24/04

Sold Ambrosier Ranch
 To: R. R. #3, Box 68
 Norton, KS
 67654-0068

Cust I.D.....: Ambr
 P.O. Number...: Ambrosier #2
 P.O. Date.....: 05/24/04

Due Date.: 06/23/04
 Terms.....: Net 30

Item I.D./Dese.	Qty. Used	Unit	Price	Net	TX
Common	255.00	SKS	8.8500	2256.75	T
Pozmix	170.00	SKS	4.0000	680.00	T
Gel	22.00	SKS	11.0000	242.00	T
FloSeal	106.00	LBS	1.4000	148.40	T
Handling	447.00	SKS	1.2500	558.75	E
Mileage (58)	58.00	MILE	22.3500	1296.30	E
447 sks @\$.05 per sk per mi					
Top Stage	1.00	JOB	650.0000	650.00	E

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$583.22
 ONLY if paid within 30 days from Invoice Date

Subtotal: 5832.20
 Tax.....: 209.61
 Payments: 0.00
 Total....: 6041.81

583.22

5458.59

*pd
 6-17-04
 #1403*

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ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

 * I N V O I C E *

Invoice Number: 093271

Invoice Date: 05/24/04

Sold Ambrosier Ranch

To: R. R. #3, Box 68
 Norton, KS
 67654-0068

Cust I.D.....: Ambr
 P.O. Number...: Ambrosier #2
 P.O. Date.....: 05/24/04

Due Date.: 06/23/04
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Gel	3.00	SKS	11.0000	33.00	T
ASC	175.00	SKS	10.3500	1811.25	T
Salt	19.00	SKS	7.5000	142.50	T
WFR-2	500.00	GAL	1.0000	500.00	T
Handling	207.00	SKS	1.2500	258.75	E
Mileage (58) 207 sks @\$.05 per sk per mi	58.00	MILE	10.3500	600.30	E
Bottom Stage	1.00	JOB	1130.0000	1130.00	E
Mileage pmp trk	58.00	MILE	4.0000	232.00	E
Guide Shoe	1.00	EACH	150.0000	150.00	T
AFU Insert	1.00	EACH	235.0000	235.00	T
Centralizers	9.00	EACH	50.0000	450.00	T
Baskets	2.00	EACH	128.0000	256.00	T
DV Tool	1.00	EACH	3300.0000	3300.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 909.88
 ONLY if paid within 30 days from Invoice Date

Subtotal: 9098.80
 Tax.....: 433.30
 Payments: 0.00
 Total....: 9532.10

909.88
 8622.22

*Pd
 6.17.04
 # 1403*

ALLIED CEMENTING CO., INC.

P.O. BOX 51
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

 * INVOICE *

Invoice Number: 093189

Invoice Date: 05/14/04

Sold Ambrosier Ranch
 To: R. R. #3, Box 68
 Norton, KS
 67654-0068

Cust I.D.....: Ambr
 P.O. Number...: Ambrosier #2
 P.O. Date.....: 05/14/04

Due Date.: 06/13/04
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	96.00	SKS	8.8500	849.60	T
Pozmix	64.00	SKS	4.0000	256.00	T
Gel	3.00	SKS	11.0000	33.00	T
Chloride	5.00	SKS	30.0000	150.00	T
Handling	168.00	SKS	1.2500	210.00	E
Mileage (58)	58.00	MILE	8.4000	487.20	E
168 sks @\$.05 per sk per mi					
Surface	1.00	JOB	520.0000	520.00	E
Mileage pmp trk	58.00	MILE	4.0000	232.00	E
Wooden Plug	1.00	EACH	45.0000	45.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$278.28
 ONLY if paid within 30 days from Invoice Date

Subtotal: 2782.80
 Tax.....: 84.02
 Payments: 0.00
 Total....: 2866.82
 - 278.28
2588.54

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