

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 # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 East Central, Suite #100
City/State/Zip: Wichita, Kansas 67206-2543
Purchaser: _____
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481

Contractor: Name: Sterling Drilling Company
License: 5142
Wellsite Geologist: Jeff Burke

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: F.G. Holl Company, L.L.C.

Well Name: CROSS NO. 3-27
Original Comp. Date: 09/15/83 Original Total Depth: 4545'
____ 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. _____

RU: 06/21/04 ~~09/14/83~~ RD: 06/30/04
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 047-21,115 - 0001
County: Edwards. 100' S. of
C - NW NE NW Sec. 27 Twp. 24 S. R. 17 East West
430 feet from S / (N) (circle one) Line of Section
1650 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Well Name: CROSS "OWWO" Well #: 3-27

Field Name: Waynee pool
Producing Formation: Mississippi
Elevation: Ground: 2110' Kelly Bushing: 2119'
Total Depth: 4545' Plug Back Total Depth: 4420'

Amount of Surface Pipe Set and Cemented at 253.30 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.

Drilling Fluid Management Plan OWWO RGR 6/14/07
(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: Franklin R. Greenbaum

Title: Exploration Manager Date: 09/21/2004

Subscribed and sworn to before me this 21st day of September,
2004

Notary Public: Betty B. Herring
Betty B. Herring

Date Commission Expires: 04/30/2006

Notary Public - State of Kansas
BETTY B. HERRING
My Appt. Exp. 4/30/2006

KCC Office Use ONLY

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

Operator Name: F.G. Holl Company, L.L.C. Lease Name: CROSS "OWWO" Well #: 3-27
 Sec. 27 Twp. 24 S. R. 17 East West County: Edwards. 100' S. of

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: GL/CL/DL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original
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CASING RECORD <input checked="" 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"	24#	265'	60/40 Poz	210 sx	3% cc
Production	7-7/8"	4-1/2"	10.5#	4540'	50/50 Pozmi	125 sx	Regular
					Lite	100 sx	

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
1 SPF	4370' -72', 4374' - 75', 4376' - 77' Mississippi	Frac well w/ 23,000# total proppant.	
	CIBP @ 4420' above kinderhook perms.		

TUBING RECORD		Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-3/8"	4364'	
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
06/30/2004		<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
	10		41	

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 4370-4377' OA Mississippi

Other (Specify) _____