

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 # 5435
Name: Bowers Drilling Co., Inc.
Address: 400 No. Woodlawn, Suite 16
City/State/Zip: Wichita, Kansas 67208
Purchaser: _____
Operator Contact Person: Emil E. Bowers
Phone: (316) 262-6449
Contractor: Name: Van Energy, Inc.
License: 5822
Wellsite Geologist: James C. Musgrove

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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>7/29/04</u>	<u>8/3/04</u>	<u>8/5/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-22,838-00-00
County: Barber
C N/2 SE NW Sec. 25 Twp. 32 S. R. 13 East West
1485 feet from S / (circle one) Line of Section
1980 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (circle one) NW SW
Lease Name: Lonker Well #: 1-25
Field Name: Medicine Lodge - North

Producing Formation: _____
Elevation: Ground: 1580 Kelly Bushing: 1592
Total Depth: 4445 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 273 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 Part A KJR 6/14/07
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 220 bbls
Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: BEMCO
Lease Name: Cole License No.: 32613
Quarter _____ Sec. 25 Twp. 32 S. R. 12 East West
County: Barber Docket No.: D19-886

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: Emil E. Bowers

Title: President Date: 9/23/2004

Subscribed and sworn to before me this 23rd day of September,
20 04.

Notary Public: Judy C. Ridder

Date Commission Expires: June 16, 2008

JUDY C. RIDDER
STATE NOTARY PUBLIC
SEDGWICK COUNTY, KANSAS
MY APPT. EXP. 6/16/08

KCC Office Use ONLY

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

Operator Name: Bowers Drilling Co., Inc. Lease Name: Lonker Well #: 1-25
 Sec. 25 Twp. 32 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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: DST #1 4384' - 4404' 30-30-30-30 Weak blow. Rec'd 40' VSGCM. REC'd 240' GIP IFP 20-39 ISIP 90 FFP 17-20 FSIP 69	<input 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>Elgin</td> <td>3344</td> <td>-1752</td> </tr> <tr> <td>Elgin Sand</td> <td>3552</td> <td>-1960</td> </tr> <tr> <td>Heebner</td> <td>3695</td> <td>-2103</td> </tr> <tr> <td>Douglas</td> <td>3748</td> <td>-2156</td> </tr> <tr> <td>Lower Douglas Sand</td> <td>3820</td> <td>-2228</td> </tr> <tr> <td>Lansing</td> <td>3859</td> <td>-2267</td> </tr> <tr> <td>Stark Shale</td> <td>4220</td> <td>-2628</td> </tr> <tr> <td>B/KC</td> <td>4291</td> <td>-2699</td> </tr> </table>	Name	Top	Datum	Elgin	3344	-1752	Elgin Sand	3552	-1960	Heebner	3695	-2103	Douglas	3748	-2156	Lower Douglas Sand	3820	-2228	Lansing	3859	-2267	Stark Shale	4220	-2628	B/KC	4291	-2699
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used <u>Mississippi 4383</u> -2791							
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	12 1/4"	8 5/8"	28#	273	Common	175	60/40 Poz;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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	650', 280' 40', RH	Common	135	60/40 Poz;6% gel

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

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

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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: 094030

Invoice Date: 08/10/04

Sold Bowers Drilling Co.
 To: 400 N. Woodlawn STE #16
 Wichita, KS
 67208-4333

Lanker
 Cust I.D.....: Bowers
 P.O. Number...: ~~Lanker 1-25~~
 P.O. Date.....: 08/10/04

Due Date.: 09/09/04
 Terms.....: Net 30

71730

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	81.00	SKS	7.8500	635.85	T
Pozmix	54.00	SKS	4.1000	221.40	T
Gel	7.00	SKS	11.0000	77.00	T
Handling	142.00	SKS	1.3500	191.70	T
Mileage min. chg.	1.00	MILE	150.0000	150.00	T
Rotary Plug	1.00	JOB	570.0000	570.00	T
Mileage pmp trk	11.00	MILE	4.0000	44.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ *188.99*
 ONLY if paid within 30 days from Invoice Date

Subtotal: 1889.95
 Tax.....: 119.07
 Payments: 0.00
 Total....: 2009.02

182003

RECEIVED
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 KCC WICHITA

ALLIED CEMENTING CO., INC.

15898

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine L.D.C.

DATE <u>8-5-04</u>	SEC. <u>25</u>	TWP. <u>32S</u>	RANGE <u>15W</u>	CALLED OUT <u>1:30 P.M.</u>	ON LOCATION <u>3:15 P.M.</u>	JOB START <u>5:40 P.M.</u>	JOB FINISH <u>6:45 P.M.</u>
LEASE <u>Linker</u>	WELL # <u>1-25</u>	LOCATION <u>160 + Gyp Hills, R.D.</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>			
<input checked="" type="radio"/> OLD OR <input type="radio"/> NEW (Circle one)				<u>55 SW/40</u>			

CONTRACTOR Val #2

TYPE OF JOB Plug Rotary

HOLE SIZE 7 7/8 T.D. 650

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 650

TOOL _____ DEPTH _____

PRES. MAX — MINIMUM —

MEAS. LINE _____ SHOE JOINT —

CEMENT LEFT IN CSG. —

PERFS. _____

DISPLACEMENT Fresh Water

EQUIPMENT _____

OWNER Bowers Drilling

CEMENT AMOUNT ORDERED 1355x 60' 40' 6

COMMON	<u>81</u>	<u>A</u>	@	<u>7.85</u>	<u>635.85</u>
POZMIX	<u>54</u>		@	<u>4.10</u>	<u>221.40</u>
GEL	<u>7</u>		@	<u>11.00</u>	<u>77.00</u>
CHLORIDE			@		
			@		
			@		
			@		
			@		
HANDLING	<u>142</u>		@	<u>1.35</u>	<u>191.70</u>
MILEAGE	<u>11</u>	<u>X 142</u>	<u>X .05</u>		<u>150.00</u>
					<u>min chrg</u>
					TOTAL <u>1275.95</u>

PUMP TRUCK CEMENTER David W.

343 HELPER Bill M.

BULK TRUCK

359 DRIVER Dennis E.

BULK TRUCK

_____ DRIVER _____

REMARKS:

SERVICE

1st Plug at 650 FT 50.5x

pump 16 BBLs water 50.5x cement

4 BBLs water 2nd Plug 280 FT

pump 50.5x cement Displace w/

1 BBLs water 40 FT 10.5x Ret

& Mouse

DEPTH OF JOB 650

PUMP TRUCK CHARGE _____ 570.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 11 @ 4.00 44.00

FEED _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 614.00

CHARGE TO: Bowers Drilling

STREET _____

CITY _____ STATE _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE ~~1275.95~~

DISCOUNT ~~1275.95~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

[Signature] PRINTED NAME _____

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

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