

ORIGINAL

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

Operator: License # 7079  
 Name: Don Fox  
 Address: P O Box 446  
 City/State/Zip: Chase, Ks 67524  
 Purchaser:  
 Operator Contact Person: Don Fox  
 Phone: ( 620 ) 662-2862  
 Contractor: Name: Sterling Drilling Co.  
 License:  
 Wellsite Geologist: Wayne Lebsack  
 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:  
 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.  
 1-3-05    1-10-05    1-10-05  
 Spud Date or    Date Reached TD    Completion Date or  
 Recompletion Date

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API No. 15 - 159-22447-00-00  
 County: Rice  
 S2 NW SW Sec. 27 Twp. 18 S. R. 9  East  West  
 1650 feet from (S) N (circle one) Line of Section  
 660 feet from E (W) (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Volkland Well #: B-3  
 Field Name:  
 Producing Formation: Arb  
 Elevation: Ground: 1710 Kelly Bushing: 1719  
 Total Depth: 3265 Plug Back Total Depth:  
 Amount of Surface Pipe Set and Cemented at 213 Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from  
 feet depth to 213 w/ 165 70/30 Poz. sx cmt.  
 2% Gel, 3% CC  
 Drilling Fluid Management Plan  
 (Data must be collected from the Reserve Pit) **ALT I PEA WAN**  
**2-26-07**  
 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: *Don Fox*  
 Title: *Owner* Date: *4-7-05*  
 Subscribed and sworn to before me this *7th* day of *April*  
 20 *05*  
 Notary Public: *Joyce E. Harris*  
 Date Commission Expires: *3-30-06*

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution



Operator Name: **Don Fox** Lease Name: **Volkland** Well #: **B-3**  
 Sec. **27** Twp. **18** S. R. **9** East  West County: **Rice**

**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 **One**  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:

Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum

CASING RECORD  New  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
Service Pipe	12-3/4"	213'	New 23#	213	70/30 Poz 2% Gel. 3% CC	165	

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				

PERFORATION RECORD - Bridge Plugs Set/Type  
 Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record  
 (Amount and Kind of Material Used)

Shots Per Foot	Depth
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TUBING RECORD Size Set At Packer At Liner Run  Yes  No

Date of First, Resumed Production, SWD or Enhr. Producing Method  Flowing  Pumping  Gas Lift  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)