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

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Operator: License # 33019 Name: ROSEWOOD RESOURCES, INC. Address: 2711 N. Haskell Ave., Suite 2800 City/State/Zip: Dallas, Texas Purchaser: Operator Contact Person: Stacey Owston Phone: (970_) 848-2228 Contractor: Name: Coil Tubing Solutions/Schaal Drilling License: 33445/33229 Wellsite Geologist: Steven VonFeldt 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: Deepening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth: Docket No. Dual Completion Plan (Circle one) Line of Section County: Sherman ne _se _sw sec _26 _Twp. 8	Feet
Address: 2711 N. Haskell Ave., Suite 2800 City/State/Zip: Dallas, Texas Purchaser: Operator Contact Person: Stacey Owston Phone: (.970_) 848-2228 Contractor: Name: Coil Tubing Solutions/Schaal Drilling License: 33445/33229 Wellsite Geologist: Steven VonFeldt 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: Despening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Docket No. Plug Conv. to Fluid Management Plan (Data must be collected from the Reserve Pil) Dewatering method used Evaporation Location of fluid disposal if hauled offsite:	Feet
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Phone: (970 848-2228 Contractor: Name: Coil Tubing Solutions/Schaal Drilling	_Feet ✓No _Feet
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License: 33445/33229 Wellsite Geologist: Steven VonFeldt 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: Original Comp. Date: Original Total Depth: Despensing Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Lease Name: Lohr Well #: 1-26 Field Name: Goodland Producing Formation: Niobrara Elevation: Ground: 3716' Kelly Bushing: 3727' Total Depth: 1260' Plug Back Total Depth: 1257' Amount of Surface Pipe Set and Cemented at 355' Csg @ 361 Fermion of Surface Pipe Set and Ceme	✓ No Feet
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Wellsite Geologist: Steven VonFeldt Designate Type of Completion: Elevation: Ground: 3716' Kelly Bushing: 3727' ✓ New Well Re-Entry Workover — Oil SWD SIOW Temp. Abd. — Gas ENHR SIGW Multiple Stage Cementing Collar Used? Yes ✓ — Dry Other (Core, WSW, Expl., Cathodic, etc) If yes, show depth set If Alternate II completion, cement circulated from feet depth to SX C Well Name: Driginal Comp. Date: Original Total Depth: Original Total Depth: Depth: 1260' Plug Back Total Depth: 1257' Multiple Stage Cementing Collar Used? Yes ✓ If yes, show depth set If Alternate II completion, cement circulated from feet depth to SX C Well Name: Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) ALT I WHW 2-726-07 Chloride content 5000 ppm Fluid volume 220 b Dewatering method used Evaporation Dewatering method used Evaporation Location of fluid disposal if hauled offsite:	✓ No Feet
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: — Deepening Re-perf. Conv. to Enhr./SWD — Plug Back Total Depth — Commingled Docket No. Dual Completion Docket No. Elevation: Ground; 3716' Kelly Bushing: 3727' Total Depth: 1260' Plug Back Total Depth: 1257' Amount of Surface Pipe Set and Cemented at 355' csg @ 361 F Multiple Stage Cementing Collar Used? If yes, show depth set If Alternate II completion, cement circulated from feet depth to W/ Sx of the content of the plug Management Plan (Data must be collected from the Reserve Pit) Chloride content 5000 ppm Fluid volume 220 b Dewatering method used Evaporation Location of fluid disposal if hauled offsite:	✓ No Feet
New Well	✓ No Feet
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: Deepening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Plug Back Plug Back Docket No. Docket No. Dry Other (Core, WSW, Expl., Cathodic, etc) If yes, show depth set If Alternate II completion, cement circulated from feet depth to W/ SX C Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Dewatering method used Evaporation Location of fluid disposal if hauled offsite:	✓ No Feet
GasENHR✓ SIGW Dry Other (Core, WSW, Expl., Cathodic, etc)	✓ No Feet
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Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Docket No. Docket No. Location of fluid disposal if hauled offsite:	
Commingled Docket No. Dual Completion Docket No. Location of fluid disposal if hauled offsite:	_bbls
Dual Completion Docket No.	
/ WOPL	
Other (SWD or Enhr.?) Docket No Operator Name:	
07/15/2004 08/03/2004 Lease Name: License No.:	
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East W.	West
Recompletion Date Recompletion Date 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.	ply.
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statement	nents
herein are complete and correct to the best of my knowledge.	
Signature: KCC Office Use ONLY	
Timedon Assistant and 1-12-05	
Letter of Confidentiality Attached	***************************************
Subscribed and sworn to before me this / day of AN UAKY, If Denied, Yes Date:	
Wireline Log Received	l
Notary Public: Carolina Geologist Report Received — Geologist Report Received — UIC Distribution	
Date Commission Expires: 10 - 16 - 3008	l

Side Two

Operator Name: RO	SEWOOD RES	OURCES, II	NC.	Leas	se Name:.	Lohr		Well #:1-	26		
Sec. 26 Twp. 8	8 s. R. 40	_ East 🗸	West	Coun	ty: She	rman					
INSTRUCTIONS: Statested, time tool operature, fluid received temperature, fluid received to the construction of the constructi	n and closed, flowir covery, and flow rate	ig and shut-in p es if gas to surf	oressures, ace test, a	whether : long with	shut-in pro	essure reached	d static level, hyd	rostatic pressu	res, bottom	hole	
Drill Stem Tests Taken				10.000	Log Formation (Top), I			Depth and Datum Sample			
Samples Sent to Geological Survey					Nam	ie		Тор	Top Da		
Cores Taken			√ No		Niot	orara	1054'				
Electric Log Run (Submit Copy)		✓ Yes	No								
ist All E. Logs Run:											
		Report all	CASING I			ew Used ermediate, produ	ction, etc.				
Purpose of String Size Hole Drilled		Size Ca Set (In (Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percen		
Surface	6"	5 1/2"		14#		355'	Neat	58	2% cc,flowsea		
Production/tubin	roduction/tubing 2 7/8		7/8" 6.5			1240'	ASC	50	2% gel, flowses		
ADDITIONAL (Purpose: Depth Type of Cement Perforate Top Bottom Protect Casing Plug Back TD Plug Off Zone					ING / SQL s Used	UEEZE RECORD Type and Percent Additives					
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated 1054' TO 1084'					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Prac w/ 48,257 gas MavFoam 70 100,000# 16/30 brady sand & 227,000 scf N2						
TUBING RECORD Not		Set At		Packer /	At	Liner Run	Yes ✓ No)			
Date of First, Resumed I SIGW-Waiting o		nnr. Prod	lucing Metho		✓ Flowing	Pumpi	ing Gas Li	ft Othe	er (Explain)		
Estimated Production Per 24 Hours		Bb/s.	Gas N	Acf	Wate	•		Gas-Oil Ratio	· (Gravity	
Disposition of Gas	METHOD OF COMPLETION Production Interval										
Vented Sold (If vented, Sur	Used on Lease nit ACO-18.)	-)pen Hole)ther <i>(Specif</i> y	✓ Perf	: р	ually Comp.	Commingled _				

ALLIED CEMENTING CO., INC. 13847

Federal Tax I.D.#

REMIT TO P.O. BOX 31 SERVICE POINT: RUSSELL, KANSAS 67665 ON LOCATION TWP. RANGE CALLED OUT JOB START JOB FINISH 5:45 6:00 STATE COUNTY WELL# 1-24 LOCATION Sharma OLD OR NEW (Circle one) CONTRACTOR OWNER TYPE OF JOB **CEMENT HOLE SIZE** T.D. **CASING SIZE** AMOUNT ORDERED 50 **DEPTH TUBING SIZE** DEPTH 26/21, 45th Flasson DRILL PIPE **DEPTH** TOOL **DEPTH** PRES. MAX **MINIMUM** COMMON_ MEAS. LINE SHOE JOINT POZMIX -CEMENT LEFT IN CSG. **GEL** PERFS. CHLORIDE **DISPLACEMENT** @ **EQUIPMENT** @ **@ PUMP TRUCK** CEMENTER_ @ 102 HELPER HANDLING **BULK TRUCK** MILEAGE 3/5 **DRIVER BULK TRUCK** TOTAL _ DRIVER **REMARKS:** SERVICE DEPTH OF JOB PUMP TRUCK CHARGE EXTRA FOOTAGE ___ MILEAGE miles @ PLUG TOTAL _ CHARGE TO: ROSE 12000 Resources STREET ____ FLOAT EQUIPMENT _STATE_ ^{__}_@ ___ __ @ __ __ @ __ To Allied Cementing Co., Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or TOTAL ____ contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or TAX ___ contractor. I have read & understand the "TERMS AND TOTAL CHARGE _____ CONDITIONS" listed on the reverse side. DISCOUNT ____ SIGNATURE PRINTED NAME