

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 # 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 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 (WOPL (SWD or Enhr.)) Docket No. _____
07/09/2004 07/22/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 181-20358-00
County: Sherman
se ne ne Sec. 34 Twp. 8 S. R. 40 East West
712 feet from S / N (circle one) Line of Section
580 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: T. Richardson Well #: 1-34
Field Name: Goodland
Producing Formation: Niobrara
Elevation: Ground: 3731' Kelly Bushing: 3737'
Total Depth: 1300' Plug Back Total Depth: 1297'
Amount of Surface Pipe Set and Cemented at 355' csg @ 361 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 ALT I WITH
(Data must be collected from the Reserve Pit) 2-2607
Chloride content 5000 ppm Fluid volume 220 bbls
Dewatering method used Evaporation
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: Stacey Owston
Title: Adm. Assistant Date: 01-12-05
Subscribed and sworn to before me this 13 day of JANUARY,
2005
Notary Public: Carolyn J. Copley
Date Commission Expires: 10-16-2008

KCC Office Use ONLY

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

Operator Name: ROSEWOOD RESOURCES, INC. Lease Name: T. Richardson Well #: 1-34
 Sec. 34 Twp. 8 S. R. 40 East West County: Sherman

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:

Log Name	Formation (Top), Depth and Datum	Sample Datum
Niobrara	1106'	

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
Surface	8"	5 1/2"	14#	350'	Neat	60	2% cc, flowseal
Production/tubing		2 7/8"	6.5#	1275'	ASC	50	2% gel, flowseal

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
2	1106' TO 1138'	Frac w/ 47,809 gas MavFoam 30 100,000#	
		16/30 brady sand & 163,000 scf N2	

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	<input checked="" type="checkbox"/> No	
None								
Date of First, Resumed Production, SWD or Enhr.			Producing Method					
SIGW-Waiting on Pipeline			<input checked="" 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 METHOD OF COMPLETION Production Interval

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

ALLIED CEMENTING CO., INC. 13895

Federal Tax I.D.# ~~18-0107810~~

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

SERVICE POINT: Oakley

DATE <u>7-22-04</u>	SEC. <u>34</u>	TWP <u>83</u>	RANGE <u>400</u>	CALLED OUT <u>M.T.</u>	ON LOCATION <u>9:45 PM</u>	JOB START <u>7:15 PM</u>	JOB FINISH <u>7:45 PM</u>
LEASE <u>T. Richter 504</u>				WELL # <u>1-34</u>		LOCATION <u>Goodland 1/2 S 2 W 1 N W 4</u>	
COUNTY <u>Sherman</u>						STATE <u>Ks</u>	

CONTRACTOR CTS 114

TYPE OF JOB Cement in 2 1/8 Tub

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE 2 7/8 DEPTH 1286.81

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 7 1/2 Bbls

OWNER same

CEMENT AMOUNT ORDERED

50 sks ASL 290 Gel 1/4" Flo Seal

COMMON	<u>50 sks</u>	@	<u>10.95</u>	<u>547.50</u>
POZMIX		@		
GEL	<u>1 sk</u>	@	<u>11.00</u>	<u>11.00</u>
CHLORIDE		@		
<u>Flo Seal</u>	<u>13 #</u>	@	<u>1.40</u>	<u>18.20</u>
		@		
		@		
		@		
HANDLING	<u>51 sks</u>	@	<u>1.25</u>	<u>63.75</u>
MILEAGE	<u>54 /sk/m.k</u>			<u>153.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Dean

373-281 HELPER Andrew

BULK TRUCK

315 DRIVER Larry

BULK TRUCK

_____ DRIVER _____

TOTAL 763.45

REMARKS:

SERVICE

Cemented in 2 1/8 Tub w/ 50 sks ASL
290 Gel w/ Flo Seal, Wash pump &
Line & Disp. 7 1/2 Bbls
Plug Labeled 1200#
Float Held

DEPTH OF JOB 1286

PUMP TRUCK CHARGE 520.00

EXTRA FOOTAGE 986' @ .50 493.00

MILEAGE 60 miles @ 4.00 240.00

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1253.00

CHARGE TO: Rosewood Resources

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>Guide shoe</u>	@	<u>160.00</u>
<u>Latch down Plug</u>	@	<u>305.00</u>
<u>3 - Centralizers</u>	@	<u>70.00</u>
<u>6 - Scrubbers</u>	@	<u>55.00</u>
	@	

TOTAL 1005.00

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 3021.45

DISCOUNT 302.14 IF PAID IN 30 DAYS
2719.31

SIGNATURE Franklin D. [Signature]

PRINTED NAME _____