

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33230
 Name: J.M. Huber Corproation
 Address: 1050 17th Street, Suite 700
 City/State/Zip: Denver, CO 80265
 Purchaser: _____
 Operator Contact Person: Rod Prosceno
 Phone: (303) 825-7900
 Contractor: Name: Hurricane Well Service
 License: _____
 Wellsite Geologist: _____
 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: J.M. Huber Corproation
 Well Name: Burch 10-17 29-12
 Original Comp. Date: 10/9/03 Original Total Depth: 2130
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 Plug Back 1975 Plug Back Total Depth _____
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____

<u>9/9/03</u>	<u>9/14/03</u>	<u>3/24/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 049-22391 - 00 - 01
 County: Elk
NW SE Sec. 17 Twp. 29 S. R. 12 East West
1981 feet from N (circle one) Line of Section
2020 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Burch Well #: 10-17 29-12
 Field Name: Wildcat
 Producing Formation: Mississippi
 Elevation: Ground: 1195 Kelly Bushing: 1203
 Total Depth: 2130 Plug Back Total Depth: 1975
 Amount of Surface Pipe Set and Cemented at 139 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 913 Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cm.

Drilling Fluid Management Plan ALTR? OWWO KJR 5/30/07
 (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: J. M. Huber, JEVIN CROTEAU
 Title: Reg. Compliance Specialist Date: 4/16/04
 Subscribed and sworn to before me this 16th day of April,
 2004.
 Notary Public: Annelle Hoover
 Date Commission Expires: 12-18-05

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

ORIGINAL

Side Two

Operator Name: J.M. Huber Corproation Lease Name: Burch Well #: 10-17 29-12
 Sec. 17 Twp. 29 S. R. 12 East West County: Elk

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)

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

List All E. Logs Run:

CASING RECORD <input checked="" type="checkbox"/> New <input 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
Conductor	12 1/4	8 5/8	24	139	Consolidated	110	Reg.
Production	7 7/8	5 1/2	17	2130	Blue Star	185	10.5 / 13.2 ppg
				DV @ 913	Blue Star	170	10.5 / 13.2 ppg

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
6 (24 holes)	1898-1902 Upper Mississippi	Frac w/ 540bbls Layne Super Frac 530 & 19388lbs sd	STG 1
6 (24 holes)	1878-1882 Burgess/Mississippi	Frac w/ 240bbls 2% KCL WTR, 4900lbs sd	STG 2

TUBING RECORD		Size	Set At	Packer At	Liner Run
		58 jts 2 7/8', J-55	1956	1975	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>12/5/04 03 KGR</u>		Producing Method <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
	0	201	840bbls	0	n/a

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____