

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

Shiloh

Operator: License # 32977 / 33583
 Name: Dorado Gas Resources, LLC/Admiral Bay Inc
 Address: 14550 E Easter Ave., Ste. 1000
 City/State/Zip: Centennial, CO 80112
 Purchaser: Seminole Energy
 Operator Contact Person: Janet Johnson
 Phone: (303) 350-1255
 Contractor: Name: McGown
 License: 5786
 Wellsite Geologist: None
 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>03/06/06</u>	<u>03/06/06</u>	<u>03/09/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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KANSAS CORPORATION COMMISSION
MAR 22 2006
CONSERVATION DIVISION
WICHITA, KS

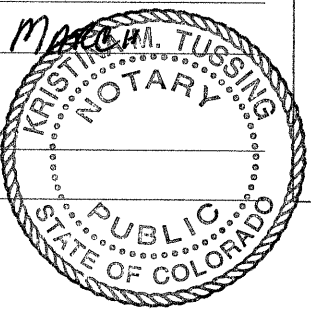
API No. 15 15-133-2654-00-00 ²⁵⁴⁴ 15-133-2654-0000
 County: Neosho
 _____ SE _____ NW Sec. 6 Twp. 27 S. R. 18 East West
1900 feet from S (circle one) Line of Section
1821 feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Offenbacher Well #: 6-6
 Field Name: Humboldt-Chanute
 Producing Formation: Riverton
 Elevation: Ground: 962 Kelly Bushing: _____
 Total Depth: 1162 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at _____ 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
 (Data must be collected from the Reserve Pit) ALT II W/H
6-5-07
 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: Janet Johnson
 Title: Janet Johnson Date: 03/20/06
 Subscribed and sworn to before me this 21st day of MARCH
2006
 Notary Public: Kristine M. Tussing
 Date Commission Expires: 5-22-08



KCC Office Use ONLY

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

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MAR 21 2006

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ORIGINAL

Operator Name: Dorado Gas Resources, LLC/Admiral Bay Inc Lease Name: Offenbacher Well #: _____
 Sec. 6 Twp. 27E S. R. 18 East West County: Neosho

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Summit	647
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bevier	731
List All E. Logs Run:		V Shale	748
		Tebo	832
		MISSISSIPPIAN	1061

**Compensated Neutron Density
Dual Induction Resistivity**

CASING RECORD <input 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
Surface	12.25	8-5/8	24	20	Class A	5	None
Production	6.25	4-1/2	10.5	1162		174	2% gel

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 <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. Waiting on pipeline			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	
		20				

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	_____
	<input type="checkbox"/> Other (Specify) _____	_____

L S Well Service, L.L.C.# 33374
 543 22000 ROAD
 CHERRYVALE, KANSAS 67335-8515
 620-328-4433 OFFICE

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MAR 21 2006

KCC

TICKET NUMBER 20060309
 LOCATION Neosho Co, KS
 FOREMAN JLGBRL

CEMENT TREATMENT REPORT

API # 15-133-26544

DATE	WELL NAME		
3-09-06	Offenbacher #6-6		
SECTION	TOWNSHIP	RANGE	COUNTY
6	275	18	Neosho
CUSTOMER			
Admiral Bay Resources			
MAILING ADDRESS			
14550 E. Easter Ave. Suite #100			
CITY			
Centennial			
STATE		ZIP CODE	
Colorado		80112	
TIME ARRIVED ON LOCATION			

Hole	Pipe	Annual Volume In Linear Ft./Bl.
6 3/4"	4 1/2"	40.5
6 1/2"	4 1/2"	46
6 1/4"	2 1/2"	33.5
5 1/4"	2 1/2"	53.5
5 1/4"	2"	47
5 1/2"	2 1/2"	41
Tubing-Linear Ft./Bl.		
11"	8 5/8"	15
10"	7"	24
4 1/2"	10.5 lb.	63.1
2 1/2"		170
2"		250

WELL DATA

HOLE SIZE	2 3/4"
TOTAL DEPTH	1162'
CASING SIZE	4 1/2"
CASING DEPTH	1158'
PACKER DEPTH	
WIRE LINE READING BEFOI	
WIRE LINE READING AFTER	

TYPE OF TREATMENT

- SURFACE PIPE
- PRODUCTION CASING
- SQUEEZE CEMENT
- PLUG AND ABANDON
- PLUG BACK
- MISP. PUMP
- WASH DOWN
- OTHER

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INSTRUCTIONS PRIOR TO JOB _____

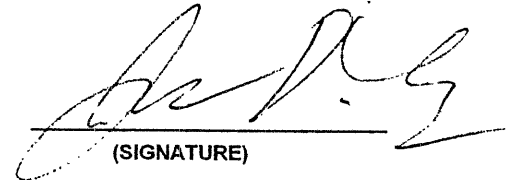
AUTHORIZATION TO PROCEED _____

TITLE _____

DATE _____

HOOKED ONTO 4 1/2" CASING. ESTABLISHED CIRCULATION WITH 35 BARRELS OF WATER,
6x GELL 15x Cotton SEED HULLS 25K METSUL AHEAD, THEN BLENDED
174 SACKS OF OWC CEMENT, THEN DROPPED RUBBER PLUG, THEN
 PUMPED 18 1/2 BARRELS OF WATER.

- LANDED PLUG ON BOTTOM AT _____ PSI
- SHUT IN PRESSURE _____
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH _____ SACKS
- SET FLOAT SHOE - SHUT IN


 (SIGNATURE)