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JUN 27 2005

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONFIDENTIAL

Operator: License # 9449
Name: Great Eastern Energy & Development Corp.
Address: P.O. Drawer 2436
City/State/Zip: Midland, TX. 79702
Purchaser: na
Operator Contact Person: Bill Robinson
Phone: (432) 682-1178
Contractor: Name: Southwind Drilling
License: 33350
Wellsite Geologist: Bill Robinson

KCC

JUN 25 2005

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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. _____

6-14-05 6-21-05 none
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 065-23048-00-00
County: Graham
90'S - 70'E - ne - ne Sec. 27 Twp. 7 S. R. 21 East West
750 feet from S (circle one) Line of Section
590 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Gil Well #: 1
Field Name: na

Producing Formation: na
Elevation: Ground: 2062 Kelly Bushing: 2072
Total Depth: 3630 Plug Back Total Depth: NA
Amount of Surface Pipe Set and Cemented at 221 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.

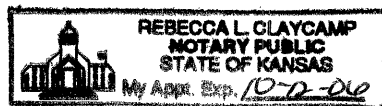
Drilling Fluid Management Plan *Wbtr 6-26-07*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ 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: *Bill Robinson*
Title: geologist Date: 6-23-05
Subscribed and sworn to before me this 25 day of June, 2005.
Notary Public: *Rebecca L. Claycamp*
Date Commission Expires: 10-12-06

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



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

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Side Two

ORIGINAL

Operator Name: Great Eastern Energy & Development Corp. Lease Name: Gil Well #: 1
Sec. 27 Twp. 7 S. R. 21 East West County: Graham

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:

radiation guard

Log Formation (Top), Depth and Datum Sample

Name Top Datum
Anhydrite 1695 377
B/KC 3442 -1370

KCC *sa*
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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	12 1/4	8 5/8	20	221	common	160	3%cc + 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

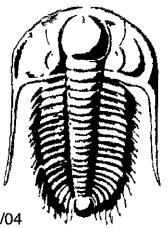
Date of First, Resumerd Production, SWD or Enhr. Producing Method Flowing Pumping Gas Lift Other (Explain)

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)

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9/04

TRILOBITE TESTING

P.O. Box 362 • Hays, Kansas 67601

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ORIGINAL

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JUN 25 2005 659

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Test Ticket

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Well Name & No. Gil #1 Test No. 2 Date 6-19-05
 Company Great Eastern Zone Tested C LKC
 Address _____ Elevation 2072 KB 3064 GL _____
 Co. Rep / Geo. Bill Robinson Cont. Southwind #1 Est. Ft. of Pay _____ Por. _____ %
 Location: Sec. 26 Twp. 7 Rge. 21 Co. Graham State Ks
 No. of Copies _____ Distribution Sheet (Y, N) _____ Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested 3334 — 3376 Initial Str Wt./Lbs. 38,000 Unseated Str Wt./Lbs. 40,000
 Anchor Length 42 Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 50,000
 Top Packer Depth 3329 Tool Weight 2100
 Bottom Packer Depth 3334 Hole Size 7 7/8" Rubber Size 6 3/4"
 Total Depth 3376 Wt. Pipe Run _____ Drill Collar Run _____
 Mud Wt. 8.9 LCM _____ Vis. 48 WL 7.6 Drill Pipe Size 4.5XH Ft. Run 3315
 Blow Description I.F. Strong B-B in 2 min.

F.F. Strong B-B in 5 min.

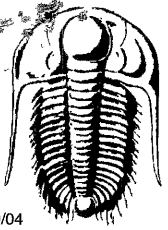
Recovery - Total Feet 1435 GIP _____ Ft. in DC _____ Ft. in DP 1435
 Rec. 1435 Feet of WTP %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 BHT 108 °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW .11 @ 78.5 °F Chlorides 76,000 ppm Recovery _____ Chlorides 2000 ppm System

	AK-1	Alpine	Recorder No.	Test
(A) Initial Hydrostatic Mud	<u>1625</u>	PSI	<u>6672</u>	_____
(B) First Initial Flow Pressure	<u>65</u>	PSI	(depth) <u>3335</u>	Jars _____
(C) First Final Flow Pressure	<u>458</u>	PSI	Recorder No. <u>1325-4</u>	Safety Jt. _____
(D) Initial Shut-In Pressure	<u>770</u>	PSI	(depth) <u>3373</u>	Circ Sub _____
(E) Second Initial Flow Pressure	<u>467</u>	PSI	Recorder No. _____	Sampler _____
(F) Second Final Flow Pressure	<u>573</u>	PSI	(depth) _____	Straddle _____
(G) Final Shut-In Pressure	<u>775</u>	PSI	Initial Opening <u>30</u>	Ext. Packer _____
(Q) Final Hydrostatic Mud	<u>1560</u>	PSI	Initial Shut-In <u>30</u>	Shale Packer _____
			Final Flow <u>15</u>	Ruined Packer _____
			Final Shut-In <u>30</u>	Mileage <u>116</u>
			T-On Location <u>00:15</u>	Sub Total: _____
			T-Started <u>00:35</u>	Std. By _____
			T-Open <u>02:45</u>	Other _____
			T-Pulled <u>04:30</u>	Total: _____
			T-Out <u>06:39</u>	

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGED OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By _____

Our Representative Dan Banfle



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

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21660

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Test Ticket

Well Name & No. Gil #1 Test No. 3 Date 6-19-05
 Company Great Eastern Zone Tested I LKC
 Address _____ Elevation 2072 KB 2064 GL
 Co. Rep / Geo. Bill Robinson Cont. Southwind #1 Est. Ft. of Pay _____ Por. _____ %
 Location: Sec. 27 Twp. 7 Rge. 21 Co. Graham State Ks
 No. of Copies _____ Distribution Sheet (Y, N) _____ Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested 3450 — 3480 Initial Str Wt./Lbs. 39,000 Unseated Str Wt./Lbs. 39,000
 Anchor Length 30 Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 59,000
 Top Packer Depth _____ Tool Weight 1600
 Bottom Packer Depth 3450 Hole Size 7 7/8" Rubber Size 6 3/4"
 Total Depth 3480 Wt. Pipe Run _____ Drill Collar Run _____
 Mud Wt. 9.1 LCM _____ Vis. 52 WL 7.6 Drill Pipe Size 4.5XH Ft. Run 3444
 Blow Description I.F. Weak - Died in 20 min.

F.F. No blow

Recovery - Total Feet 1 GIP _____ Ft. in DC _____ Ft. in DP 1
 Rec. 1 Feet of D.M. %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet of _____ %gas _____ %oil _____ %water _____ %mud _____
 BHT 105 °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides _____ ppm Recovery _____ Chlorides 3,000 ppm System

(A) Initial Hydrostatic Mud	AK-1	Alpine	1731	PSI	Recorder No.	6672	Test	_____
(B) First Initial Flow Pressure			11	PSI	(depth)	3451	Jars	_____
(C) First Final Flow Pressure			13	PSI	Recorder No.	13254	Safety Jt.	_____
(D) Initial Shut-In Pressure			15	PSI	(depth)	3477	Circ Sub	_____
(E) Second Initial Flow Pressure			15	PSI	Recorder No.		Sampler	_____
(F) Second Final Flow Pressure			73	PSI	(depth)		Straddle	_____
(G) Final Shut-In Pressure			13	PSI	Initial Opening	30	Ext. Packer	_____
(Q) Final Hydrostatic Mud			1656	PSI	Initial Shut-In	30	Shale Packer	_____
					Final Flow	15	Ruined Packer	_____
					Final Shut-In	15	Mileage	<u>116</u>
					T-On Location	20:00	Sub Total:	_____
					T-Started	21:05	Std. By	_____
					T-Open	23:15	Other	_____
					T-Pulled	00:45	Total:	_____
					T-Out	02:11		_____

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGED OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By _____

Our Representative Dan Rangle

CONFIDENTIAL ALLIED CEMENTING CO., INC.

18195

ORIGINAL

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

JUN 25 2005

SERVICE POINT: Russell

DATE <u>6/21/05</u>	SEC <u>27</u>	TWP <u>7</u>	RANGE <u>21</u>	ON LOCATION <u>11:00 pm</u>	ON LOCATION <u>1:00 pm</u>	JOB START <u>1:15 am</u>	JOB FINISH <u>2:30 am</u>
LEASE <u>Oil</u>	WELL# <u>1</u>	LOCATION <u>Neodesha 2 N 14 W</u>	COUNTY <u>Franklin</u>	STATE <u>KS</u>	OLD OR NEW (Circle one)		

CONTRACTOR Southwind Drilling
 TYPE OF JOB Plugging Job
 HOLE SIZE 2 7/8 T.D. 2150
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED 200 60 6/8 Grt
1/4" F/W

EQUIPMENT
 PUMP TRUCK CEMENTER Steve
 # 366 HELPER Mark
 BULK TRUCK
 # 396 DRIVER Fred Day
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @
 TOTAL

REMARKS:
1705 25 sks
590 100 sks
285 40 sks
40 10 sks
Mud Hole 10 sks
Rat Hole 15 sks

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 TOTAL

CHARGE TO: Great Eastern Energy & Development
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT
 MANIFOLD @
2 7/8 Dry Hole Plug @
 TOTAL

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.

Thanks
 SIGNATURE Donald Hayes

TAX
 TOTAL CHARGE
 DISCOUNT IF PAID IN 30 DAYS
 PRINTED NAME Donald Hayes

RECEIVED
 JUN 27 2005
 KCC WICHITA

ALLIED CEMENTING CO., INC.

26305

CONFIDENTIAL

KCC

ORIGINAL

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

JUN 27 2005

SERVICE POINT:

Russell

DATE <u>6/19/05</u>	SEC	TWP	RANGE	CALLED OUT	ON-LOCATION <u>4:15 PM</u>	JOB START <u>8:45 AM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>6-11</u>	WELL # <u>1</u>	LOCATION <u>Numbata SW 1/4</u>		COUNTY <u>Osborne</u>	STATE <u>Kans</u>		
OLD OR NEW (Circle one)							

CONTRACTOR ...

TYPE OF JOB ...

HOLE SIZE ... T.D. ...

CASING SIZE ... DEPTH ...

TUBING SIZE ... DEPTH ...

DRILL PIPE ... DEPTH ...

TOOL ... DEPTH ...

PRES. MAX ... MINIMUM ...

MEAS. LINE ... SHOE JOINT ...

CEMENT LEFT IN CSG 15

PERFS. ...

DISPLACEMENT 1400 R/L

OWNER ...

CEMENT AMOUNT ORDERED 165 bags Green 2500

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER ...

345 HELPER ...

BULK TRUCK DRIVER ...

... DRIVER ...

REMARKS:

Cemented for Completion

Thank You

CHARGE TO: Great Eastern

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @

MILEAGE @

RECEIVED @

JUN 27 2005 @

KCC WICHITA @

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD @

@

@

@

@

TOTAL _____

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.

SIGNATURE Doug Roberts

Doug Roberts
PRINTED NAME

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS