

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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
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

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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
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>3/18/06</u>	<u>3/20/06</u>	<u>3/23/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-001-29347-00-00
15-001-29347-00-00
County: Woodson Allen
_____ SE _____ SW Sec. 24 Twp. 26 S. R. 17 East West
668 feet from (S) N (circle one) Line of Section
2094 feet from E (W) (circle one) Line of Section

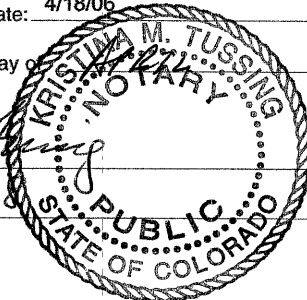
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Finley Well #: 14-24
Field Name: Humboldt Chanute
Producing Formation: Riverton
Elevation: Ground: 930 Kelly Bushing: _____
Total Depth: 337 1150 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20 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 II W Hm
(Data must be collected from the Reserve Pit) 6-2-07
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: 4/18/06
Subscribed and sworn to before me this 18 day of April,
2006.
Notary Public: Kristina M. Tussing
Date Commission Expires: 5-22-08



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

RECEIVED
APR 21 2006
KCC WICHITA

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Operator Name: Dorado Gas Resources, LLC/Admiral Bay Lease Name: Finley
 Sec. 24 Twp. 26 S. R. 17 East West County: Woodson

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:

Compensated Neutron Density
 Dual Induction Resistivity
 Gamma Ray

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Mineral 953
 Scammon 965
 Tebo 1003
 Bartlesville 1035
 MISSISSIPPIAN 1200

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	1209' 1147'	OWC	137	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				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 Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		20			

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

CONSOLIDATED OIL WELL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

APR 19 2006

TICKET NUMBER **4138**

LOCATION Cittawa, KS

FOREMAN Casey Kennedy

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**TREATMENT REPORT & FIELD TICKET
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/23/06	10607	Finlay 14-24	24	26	17	AL
CUSTOMER Admiral Bay Resources						
MAILING ADDRESS 4110 N. State St.						
CITY Iola		STATE KS	ZIP CODE 66749			
TRUCK #	DRIVER	TRUCK #	DRIVER			
389	Casey					
104	Ric Arb					
122	Mark Wil					
489-T103	Casey					

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 1150' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1147' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2 plug
 DISPLACEMENT 17.65 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: established circulation, mixed + pumped 200 # Premium Gel, pumped 5 bbls fresh water, mixed + pumped 11.5 bbls tell-tale dye, mixed + pumped 154 sks OWC cement w/ 10# Kal Seal 1/2 # Flo Seal per sk, displaced 4 1/2" rubber plug to casing TD w/ 17.65 bbls fresh water, pressured to 600 PSI, released pressure to set flat, checked plug depth w/ wireline.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		800.00
5406	70 miles	MILEAGE pump truck		220.00
5407A	7.238 ton	ton mileage		531.99
5501C	2 hrs	Water Transport		196.00
1126	137 sks	OWC Cement		2007.05
1118B	200 #	Premium Gel 50#		28.00
1110A	1540 #	Kal Seal		554.40
1107	77 #	Flo Seal		138.60
4404	1	4 1/2" rubber plug		40.00
		sub total		4516.54
		SALES TAX		174.38
		ESTIMATED TOTAL		4690.92

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KCC WICHITA

AUTHORIZATION _____

TITLE W# 203996

DATE _____