

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31451
Name: Troy Jaco, Inc.
Address: P. O. Box 1476,
City/State/Zip: Sherman, Texas 75091
Purchaser: _____
Operator Contact Person: Troy Jaco
Phone: (903) 868-2703
Contractor: Name: Forrest Energy, LLC
License: 33436
Wellsite Geologist: James C. Musgrove

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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. _____

11-13-05	11-22-05	2-20-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

90'S & 60'E of
API No. 15 - 009-24887-00-00
County: Barton
c. NW NE SE SW Sec. 27 Twp. 20 S. R. 11 East West
750' feet from S / N (circle one) Line of Section
600' feet from E / W (circle one) Line of Section

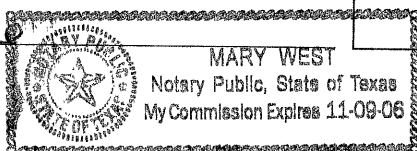
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Sessler Well #: A-1
Field Name: Chase Silica
Producing Formation: LKC
Elevation: Ground: 1767' Kelly Bushing: 1773'
Total Depth: 3450' Plug Back Total Depth: 3436'
Amount of Surface Pipe Set and Cemented at 253 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 IWHM 6-7-07*
Chloride content 8000 ppm Fluid volume 560 bbls
Dewatering method used hauled
Location of fluid disposal if hauled offsite:
Operator Name: Bobs Oil Services, Inc
Lease Name: Sieker License No.: 32408
Quarter _____ Sec. 35 Twp. 19S S. R. 11 East West
County: Barton Docket No.: 26,497

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: [Signature]
Title: President Date: 3-14-06
Subscribed and sworn to before me this 14th day of March,
2006.
Notary Public: Mary West
Date Commission Expires: 11-9-06



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

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Operator Name: Troy Jaco, Inc. Lease Name: Sessler Well #: A-1
 Sec. 27 Twp. 20 S. R. 11 East West County: Barton

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:

Induction Log, Compensated Z-Densilog,
 Compensated Neutron

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

Please see attached

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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
Surface	12 1/4	8 5/8	24#	253	60/40 poz	215	3% gel, 2% cc
Production	5 1/2	5 1/2	15.50#	3448	60/40 poz	250	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone		60/40 poz	50	2% gel, 2% cc

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
3	perforate	500 gal 15% HCL mud acid & KCL water	3396-3405
	CIBP		3380
2	perforate	750 gal 15% HCL mud acid & KCL water	3346-3364
	CIBP		3310
	CONTINUED ON ATTACHMENT		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	3282		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
2-21-06	<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
	3.34	TSTM	11.67		37

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

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<u>Shots per foot</u>	<u>Perforation Record</u>	<u>Acid Treatment</u>	<u>Depth</u>
2	perforate	1,000 gal 15% HCL mud acid & KCL water	3260-66 3232-40
2	perforate	1,050 gal 15% HCL - NE & KCL	3160-66

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<u>Formation</u>	<u>Sample Depth</u>	<u>Sub-Sea Datum</u>
Herington	1481	+292
Winfield	1525	+248
Towanda	1594	+179
Ft. Riley	1633	+140
Florence	1693	+80
Council Grove	1807	-34
Neva	1978	-205
Red Eagle	2076	-303
Wabaunsee	2227	-454
Langdon Sand	2270	-497
Tarkio Lime	2351	-578
Willard Sand	2380	-607
Elmont	2413	-640
Howard	2562	-759
Severy	2621	-848
Topeka	2661	-888
Heebner	2934	-1161
Toronto	2951	-1178
Douglas	2968	-1195
Brown Lime	3057	-1284
Lansing	3084	-1311
Base Kansas City	3316	-1543
Arbuckle	3338	-1565
Rotary Total Depth	3450	-1677

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Cement
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FIELD ORDER N° 26558

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-22 2005

IS AUTHORIZED BY: TROY JACO (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease SESSLER Well No. 1 Customer Order No. _____
Sec. Twp. Range _____ County BARTON State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.
The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
21101	20	MILEAGE Pump Truck	3.00	60.00
MILE9	20	MILEAGE Pickup	1.00	20.00
21100	1	Pump Charge		100.00
ELE	1	5W Plug		65.00
21009	250	60/40 P02 27.6el	6.75	1687.50
21050	50	CFR-2	9.00	450.00
1102	200	SALT	.20	140.00
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2100	250	Bulk Charge	1.25	312.50
2101		Bulk Truck Miles 11TX 20m = 220 PM	1.10	242.00
Process License Fee on _____ Gallons				
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A.G. CURTIS

Station GB

TROY JACO
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

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FIELD ORDER N^o 26555

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

AUTHORIZED BY:

TROY JACO

DATE 11-14-05

Address _____

(NAME OF CUSTOMER)

To Treat Well _____

City _____

As Follows: Lease _____

Sessler

State _____

Sec. Twp. _____

Well No. 1

Customer Order No. _____

Range _____

County BARTON

State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules. The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator _____

By _____

Agent _____

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4101	20	Mileage Pump Truck	3.00	60.00
4100	1	Pump Charge		500.00
4100	50	60/40 Poz 2% Gel	6.75	337.50
2151	1	Calcium Chloride		25.00
4200		Bulk Charge		
4201		Bulk Truck Miles	MIN	150.00
		Process License Fee on _____ Gallons	MIN	150.00
TOTAL BILLING				

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WICHITA, KS

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Rob. CURTIS

Station CB

Remarks _____

BUTCH

Well Owner, Operator or Agent

KEN'S #41801

NET 30 DAYS

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MAR 13 2006



FIELD ORDER N^o 26552

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-13 20 05

AUTHORIZED BY: TROY JACO (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Sessler Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County BARTON State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4101	20	MILEAGE Pump Truck	3 ⁰⁰	60 ⁰⁰
MILE ⁹	20	MILEAGE Pickup	1 ⁰⁰	20 ⁰⁰
4100	1	Pump Charge		600 ⁰⁰
HOV ⁹	1	8 ⁵ / ₈ Wooden Plug		85 ⁰⁰
4100	215	60/40 P ₀₂ 2 ¹ / ₂ bel	6 ²⁵	1451 ²⁵
405	7	Calcium Chlorine 3 ¹ / ₂	25 ⁰⁰	175 ⁰⁰
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4100	215	Bulk Charge	1 ²⁵	268 ⁷⁵
4101		Bulk Truck Miles 9.46TX 20m = 189.20 TM	1 ¹⁰	208 ¹²
Process License Fee on _____ Gallons				
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A. G. CURTIS

Station GB

BUTCH JACKSON
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS