

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 051-25035-0000
County Ellis
80'S & 90'E
C - W/2 - SE - SE Sec. 27 Twp. 11S Rge. 19 X W

Operator: License # 5259

Name: Mai Oil Operations, Inc.

Address P.O. Box 33

City/State/Zip Russell, KS 6766

Purchaser: _____

Operator Contact Person: Allen Bangert

Phone (785) 483-2169

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Dave Shumaker

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6-6-00 6-17-00 6-17-00
Spud Date Date Reached TD Completion Date

580 Feet from 3 N (circle one) Line of Section

900 Feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Vine C Well # 1

Field Solomon

Production Information _____

Elevation Ground 2105 KB 2110

Total Depth 3670 PBTD _____

Amount of Surface Pipe Set and Cemented at 244 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1434

feet depth to SURFACE w/ 165 sx cmt.

Drilling Fluid Management Plan Adt. #2 KJR 7/09/07
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Allow to dry & backfill

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

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 on 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 Allen Bangert

Title Prod. Sept Date 8-23-00

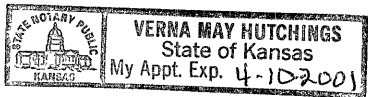
Subscribed and sworn to before me this 23rd day of August, 2000

Notary Public Verna May Hutchings

Date Commission Expires April 10, 2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
KCC SWD/Rep NGPA
KGS Plug Other (Specify)



Operator Name MAI OIL OPERATIONS, INC. Lease Name VINE 11C11 Well # 1

Sec. 27 Twp. 11 Rge. 19
 East
 West

County ELLIS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

| | | | | |
|---|---|---|-----------------------------------|---------------------------------|
| Drill Stem Tests Taken (Attach Additional Sheets.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datums | <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 | ANHYDRITE | 1408 | 702 |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | TOPEKA | 3062 | -952 |
| List All E.Logs Run: | DUAL INDUCTION | HEEBNER | 3288 | -1178 |
| | COMPENSATED NEUTRON | TORONTO | 3306 | -1196 |
| | DENSITY | LKC | 3328 | -1218 |
| | SONIC | BKC | 3554 | -1444 |
| | | SIMPSON | 3592 | -1482 |
| | | ARBUCKLE | 3608 | -1498 |
| | | RTD | 3668 | -1558 |

| CASING RECORD <input type="checkbox"/> New <input checked="" 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" | 20# | 244 | 60-40POZ | 165 | 2% gal 3% CC ¹ |
| PRODUCTION | 7 7/8" | 5 1/2" | 14# | 3668 | EA-2 | 175 | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | |
|---|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate | | | | |
| <input type="checkbox"/> Protect Casing | | | | |
| <input type="checkbox"/> Plug Back TD | | | | |
| <input type="checkbox"/> 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 |
|----------------|---|---|-------|
| 4 | 3608-12' | | |
| | | | |
| | | | |

| | | | | | | |
|--|-----------|---------|--|---------------|-----------|--|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 2 7/8" | 3630' | | | |
| Date of First, Resumed Production, SWD or Inj. | | | 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 | |
| | 18 | | 150 | | | |

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____



CHARGE TO *Well Operations*
 ADDRESS
 CITY, STATE, ZIP CODE

ORIGINAL TICKET No 2473

PAGE 1 OF 1

SERVICE LOCATIONS *1225th Ks*
 WELL/PROJECT NO. *1* LEASE *Vine "C"* COUNTY/PARISH *Ellis* STATE *KS* CITY
 DATE *6-26-00* OWNER *Service*
 TICKET TYPE SERVICE SALES CONTRACTOR RIG NAME/NO. SHIPPED VIA DELIVERED TO *N. Yacomeno* ORDER NO.
 WELL TYPE *Oil* WELL CATEGORY *Development* JOB PURPOSE *PORT* WELL PERMIT NO. WELL LOCATION
 REFERRAL LOCATION INVOICE INSTRUCTIONS

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | U/M | | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|---------------------------|------|-----|-----|----|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | | | | MILEAGE | 30 | mi | | | 2.50 | 75.00 |
| 577 | | | | | Pump & Pipe | 1 | EA | | | | 650.00 |
| 104 | | | | | Port Collar opening Tools | 1 | EA | | | | 250.00 |
| 330 | | | | | 3MOS Cement | 165 | SKS | | | 9.50 | 1567.50 |
| 290 | | | | | D-AIR | 39 | LBS | | | 2.75 | 107.25 |
| 276 | | | | | flocube | 50 | LBS | | | .90 | 45.00 |
| 531 | | | | | Bulk Service Charge | 165 | | | | | 165.00 |
| 583 | | | | | Drayage | 245 | 25 | Ton | mi | .75 | 183.75 |

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X *[Signature]*
 DATE SIGNED *6-26-00* TIME SIGNED *0900*
 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL |
|--|---|------------|-----------|------------|
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | 3043.69 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | TAX |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | TOTAL |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | |

ORIGINAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



| |
|-----------------------|
| CHARGE TO |
| ADDRESS |
| CITY, STATE, ZIP CODE |

ORIGINAL

TICKET No 2489

| | |
|--------|-------|
| PAGE 1 | OF 12 |
|--------|-------|

| | | | | | | | |
|--|------------------------------|------------------------------------|------------------------|-------------------------------|-----------------------|-------------------|--------------|
| SERVICE LOCATIONS Ness City, KS | WELL/PROJECT NO. C01 | LEASE U.ne | COUNTY/PARISH Ellis | STATE | CITY Ness City, KS | DATE 6-17-2000 | OWNER Sme |
| TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES | CONTRACTOR Van-Lt City Co | RIG NAME/NO. | SHIPPED VIA | DELIVERED TO Hof Yoccoanto | ORDER NO. | | |
| WELL TYPE oil | WELL CATEGORY Develop. & | JOB PURPOSE Newwell Long string | WELL PERMIT NO. | WELL LOCATION | | | |
| REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UNIT PRICE | | AMOUNT | |
|-------------------------------|-------------------------------------|------------|------|----|----------------------------|------|-----|------------|-----|--------------|--------|
| | | LOC | ACCT | DF | | QTY. | U/M | QTY. | U/M | | |
| 575 | | 1 | | | MILEAGE 105 | 20 | mi | 2 | 00 | 6000 | |
| 578 | | 1 | | | Pump Service | 1 | ea | 1200 | 00 | 120000 | |
| 410 | | 1 | | | Top Plug | 1 | ea | 50 | 00 | 5000 | |
| 281 | | 1 | | | Mud flush | 500 | gal | 50 | | 25000 | |
| 400 | | 1 | | | guide shoe | 1 | ea | 80 | 00 | 8000 | |
| 401 | | 1 | | | Insert Flt w/ fill up Assy | 1 | ea | 110 | 00 | 11000 | |
| 402 | | 1 | | | Centralizers | 8 | ea | 40 | 00 | 32000 | |
| 403 | | 1 | | | Cement Basket | 1 | ea | 110 | 00 | 11000 | |
| 404 | | 1 | | | Port collar | 1 | ea | 1300 | 00 | 130000 | |
| Continued from page # 2 Total | | | | | | | | | | page 2 Total | 234473 |

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *Alan Bennett*
 DATE SIGNED 6-17-2000 TIME SIGNED 01:00 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

| | | | | | |
|--|---|------------|-----------|------------|--------|
| SURVEY | AGREE | UN-DECIDED | DIS-AGREE | PAGE TOTAL | 582473 |
| OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | TAX | |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | | |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | TOTAL | |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | | |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | | |

ORIGINAL

SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]* CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

ALLIED CEMENTING CO., INC

ORIGINAL

Federal Tax I.D.# ~~XXXXXXXXXX~~

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

SERVICE POINT:
Russell

| | | | | | | | |
|--------------------------------|-----------------|-----------------------------------|-----------------|--------------------------|---------------------------|---------------------|--------------------------|
| DATE <u>6-6-00</u> | SEC <u>27</u> | TWP. <u>11</u> | RANGE <u>19</u> | CALLED OUT <u>7:00pm</u> | ON LOCATION <u>8:15pm</u> | JOB START | JOB FINISH <u>9:30pm</u> |
| LEASE <u>Vine</u> | WELL # <u>1</u> | LOCATION <u>Yocemento 10N1E1N</u> | | | | COUNTY <u>Ellis</u> | STATE <u>Ka</u> |
| OLD OR <u>NEW</u> (Circle one) | | | | | | | |

CONTRACTOR VonFeldt Delg Inc.

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 247

CASING SIZE 8 3/4 DEPTH 246

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 165 bbl 60/403-2

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Bill

153 HELPER Jason

BULK TRUCK

213 DRIVER Ron

BULK TRUCK

DRIVER

REMARKS:

Surface well 246

Com. w/ 165 bbl 60/403-2

pump plug w/ 12 3/4 bbl's water

Smart dcd cement job

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

PLUG 1-8 3/4 wood @

TOTAL

CHARGE TO MAI Oil Co., Inc

STREET

CITY STATE ZIP

FLOAT EQUIPMENT

@

@

@

@

@

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

TOTAL