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JUL 05 2005

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

ORIGINAL

Operator: License # 9449
Name: Great Eastern Energy & Development Corp.
Address: P.O. Drawer 2436
City/State/Zip: Midland, TX. 79702
Purchaser: STG
Operator Contact Person: Bill Robinson
Phone: (432) 682-1178
Contractor: Name: Big Three Drilling
License: 9292
Wellsite Geologist: Bill Robinson

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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. _____

4-28-05	5-2-05	6-20-05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 065-23043 -00-00
County: Graham
_____/s/2_/nw_/se/ Sec. 35 Twp. 6 S. R. 21 East West
1610 feet from (S) N (circle one) Line of Section
1940 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: States Well #: 2

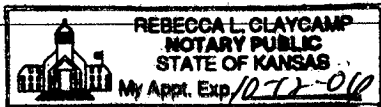
Field Name: _____
Producing Formation: Lansing
Elevation: Ground: 2204 Kelly Bushing: 2213
Total Depth: 3745 Plug Back Total Depth: 3745
Amount of Surface Pipe Set and Cemented at 212 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1850 Feet
If Alternate II completion, cement circulated from 1850
feet depth to surface w/ 400 sx cmt.

Drilling Fluid Management Plan WHA 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: [Signature]
Title: Geologist Date: 7-1-05
Subscribed and sworn to before me this 1 day of July
20 05
Notary Public: Rebecca L. Claycamp
Date Commission Expires: _____



KCC Office Use ONLY

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

CONFIDENTIAL

Side Two

Operator Name: Great Eastern Energy & Development Corp. Lease Name: States Well #: 2

Sec. 35 Twp. 6 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)

Log Formation (Top), Depth and Datum Sample
Name Top Datum
Anydrite 1850 363
Topeka 3080 -867

List All E. Logs Run:

Radiation Guard

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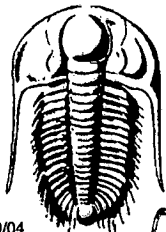
CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12 1/4	8 5/8	20	212	common	170	3% CC + 2% gel
production	7 7/8	4 1/2	10.5	3746	ASC	175	2% gel

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
2	3683-86	500 gals 15% mud acid	3660

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	3701		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 7-1-05			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
	25	0	25		

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



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

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JUL 01 2005

21592

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Test Ticket

Well Name & No. States #2 Test No. #1 Date 5-1-05
 Company Great Eastern Energy Development Corp Zone Tested hans
 Address P.O. Drawer 2436 Midland Tx 79702 Elevation 2212 KB 2264 GL
 Co. Rep / Geo. Bill Robinson Cont. Big Three #1 Est. Ft. of Pay _____ Por. _____ %
 Location: Sec. 35 Twp. 6 Rge. 21 Co. Graham State _____
 No. of Copies 10/11 Distribution Sheet (Y, N) _____ Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested 3423' 3467' Initial Str Wt./Lbs. 37,000 Unseated Str Wt./Lbs. 39,000
 Anchor Length _____ 44' Wt. Set Lbs. 25,000 Wt. Pulled Loose/Lbs. 45,000
 Top Packer Depth _____ 3418' Tool Weight 1500
 Bottom Packer Depth _____ 3423' Hole Size 7 7/8" ✓ Rubber Size 6 3/4" ✓
 Total Depth _____ 3467' Wt. Pipe Run _____ Drill Collar Run _____
 Mud Wt. 8.8 LCM Ti Vis. 55 WL 8.0 Drill Pipe Size 4 1/2 XH Ft. Run 3435'
 Blow Description Packer failure @ open, pull tool

Recovery - Total Feet 330' GIP _____ Ft. in DC _____ Ft. in DP 330'
 Rec. 330' Feet of MUD %gas _____ %oil _____ %water 100 %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 _____ °F Gravity _____ °API D @ _____ °F Corrected Gravity _____ °API
 RW _____ @ _____ °F Chlorides 1500 ppm Recovery 1500 Chlorides 1500 ppm System

	AK-1	Alpine	Recorder No.	Test X
(A) Initial Hydrostatic Mud		<u>1673</u> PSI	<u>6771</u>	_____
(B) First Initial Flow Pressure		PSI	(depth) <u>3424'</u>	Jars _____
(C) First Final Flow Pressure		PSI	Recorder No. <u>11057</u>	Safety Jt. _____
(D) Initial Shut-In Pressure		PSI	(depth) <u>3462'</u>	Circ Sub <u>X N/C</u>
(E) Second Initial Flow Pressure		PSI	Recorder No. _____	Sampler _____
(F) Second Final Flow Pressure		PSI	(depth) _____	Straddle _____
(G) Final Shut-In Pressure		PSI	Initial Opening _____	Ext. Packer _____
(Q) Final Hydrostatic Mud		<u>1651</u> PSI	Initial Shut-In _____	Shale Packer _____
			Final Flow _____	Ruined Packer _____
			Final Shut-In _____	Mileage <u>27 RT</u>
			T-On Location <u>02:45 AM</u>	Sub Total: _____
			T-Started <u>03:55 AM</u>	Std. By _____
			T-Open <u>06:35 AM</u>	Other _____
			T-Pulled <u>06:40 AM</u>	Total: _____

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 _____

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KCC
JUL 0 1 2005

ORIGINAL

ALLIED CEMENTING CO., INC. 19579

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

SERVICE POINT:
OAKLEY

DATE 4-26-05	SEC 35	TWP. 6S	RANGE 21W	CALLED OUT	ON LOCATION 5:00PM	JOB START 5:15PM	JOB FINISH 5:45PM
LEASE STATES	WELL # 2	LOCATION Bogue Jct 7N-2 1/2 E-2W			COUNTY GRAHAM	STATE KS	
OLD OR <u>(NEW)</u> (Circle one)							

CONTRACTOR **BIG THREE OIL CO.**

TYPE OF JOB **SURFACE**

HOLE SIZE **12 1/4** T.D. **212'**

CASING SIZE **9 5/8** DEPTH **212'**

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. **15'**

PERFS.

DISPLACEMENT **12 3/4 BBL**

EQUIPMENT

OWNER **SAME**

CEMENT

AMOUNT ORDERED **170SKS COM 390 (C2966)**

COMMON **170 SKS** @ **1.00**

POZMIX @

GEL **3 SKS** @

CHLORIDE **6 SKS** @

ASC @

HANDLING @

MILEAGE @

TOTAL

PUMP TRUCK CEMENTER **TERRY**

102 HELPER **WALT**

BULK TRUCK

218 DRIVER **JARROD**

BULK TRUCK

DRIVER

REMARKS:

CEMENT DIED CEMENT

THANK YOU

CHARGE TO: **GREAT EASTERN**

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB **212'**

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE **70 MI** @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

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.

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE **[Signature]**

DORAN J. MARGHEIM
 PRINTED NAME

ALLIED CEMENTING CO., INC. 16124

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

ORIGINAL
Russell

DATE: <i>5-2-60</i>	SEC: <i>35</i>	TWP: <i>6</i>	RANGE: <i>21</i>	CALLED OUT: <i>G. Miller</i>	ON LOCATION: <i>53410</i>	JOB START: _____	JOB FINISH: <i>5-5-60</i>
LEASE: <i>State</i>		WELL #: <i>2</i>	LOCATION: <i>Mt. Vernon, 103410</i>		COUNTY: <i>Griffin</i>	STATE: <i>K</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR: *Big Three*

TYPE OF JOB: *New CSG*

HOLE SIZE: *7 1/2* T.D. _____

CASING SIZE: *4 1/2* DEPTH _____

TUBING SIZE: _____ DEPTH _____

DRILL PIPE: _____ DEPTH _____

TOOL: _____ DEPTH _____

PRES. MAX: _____ MINIMUM _____

MEAS. LINE: _____ SHOE JOINT _____

CEMENT LEFT IN CSG: *11'*

PERFS: _____

DISPLACEMENT: *60.6'*

OWNER: _____

CEMENT AMOUNT ORDERED: *172 lbs ASC 2 1/2" 59-801*

COMMON: _____ @ _____

POZMIX: _____ @ _____

GEL: _____ @ _____

CHLORIDE: _____ @ _____

ASC: _____ @ _____

RECEIVED: _____ @ _____

HANDLING MILEAGE: _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER: *B. H.*

366 HELPER: *G. Miller*

BULK TRUCK DRIVER: *G. Miller*

BULK TRUCK DRIVER: _____

REMARKS:

PC # 55 51-2

Piped & 375'

Sheet 11-34

Float 374'

150 lbs ASC

1200'

CHARGE TO: *Great Eastern*

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TOTAL _____

SERVICE

DEPTH OF JOB: _____

PUMP TRUCK CHARGE: _____

EXTRA FOOTAGE: _____ @ _____

MILEAGE: _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD: *Carbo shot* @ _____

8' casing @ _____

2' P.A. shot @ _____

1' sand @ _____

12" P.A. shot @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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SIGNATURE: *[Signature]*

TAX: _____

TOTAL CHARGE: _____

DISCOUNT: _____ IF PAID IN 30 DAYS

PRINTED NAME: _____

ALLIED CEMENTING CO., INC.

18103

CONFIDENTIAL

KCC

ORIGINAL

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

SERVICE POINT: Russell

DATE <u>5/17/01</u>	SEC.	TWP.	RANGE	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START	JOB FINISH <u>11:30 AM</u>
LEASE <u>5/17/01</u>	WELL # <u>2</u>	LOCATION <u>N. 1/2 Sec. 10, T. 10N, R. 10E</u>			COUNTY <u>Scott</u>	STATE <u>K</u>	
OLD OR NEW (Circle one)							

CONTRACTOR None

TYPE OF JOB Port Cement

HOLE SIZE _____ T.D. _____

CASING SIZE 4" DEPTH _____

TUBING SIZE 2 3/8" DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 400 lbs 4000 6 1/2" P.T. 150 400 lbs

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER B. H.

366 HELPER Steve

BULK TRUCK

213 DRIVER Craig

BULK TRUCK

222 DRIVER Carl

REMARKS:

Port cement 1550 feet 1000' OK
upon test cement w/ 400 lb cement
supplied 6 hrs, close to 1000'
OK
Run 5 1/2" casing
2 1/2" tubing

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Great Eastern

STREET _____

CITY _____ STATE _____ ZIP _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Carl Swinton

Joel Lashburn
PRINTED NAME