

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33335
Name: IA Operating, Inc.
Address: 900 N Tyler Road #14
City/State/Zip: Wichita, KS 67212
Purchaser: NCRA
Operator Contact Person: Hal Porter
Phone: (316) 721-0036
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Randall Kilian

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. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>2/28/05</u> | <u>3/7/05</u> | <u>3/7/05</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 167-23277-00-00
County: Russell
NW NW Sec. 31 Twp. 11 S. R. 15 East West
70 feet from S N (circle one) Line of Section
330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Julia B Unit Well #: 31-1
Field Name: Wildcat

Producing Formation: Tansing
Elevation: Ground: 1772' Kelly Bushing: 1777'
Total Depth: 3550' Plug Back Total Depth: 3535'

Amount of Surface Pipe Set and Cemented at 943 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)
Chloride content 49000 ppm Fluid volume 400 bbls
Dewatering method used Evaporation/backfill

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: Hal Porter
Title: President Date: 5/23/05
Subscribed and sworn to before me this 24 day of May,
20 05.

Notary Public: Julie Burrows
Date Commission Expires: March 10, 2009
JULIE BURROWS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-10-09

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

CONFIDENTIAL

Side Two

ORIGINAL

Operator Name: IA Operating, Inc. Lease Name: Julia B Unit Well #: 31-1
Sec. 31 Twp. 11 S. R. 15 East West County: Russell

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 [X] Yes [] No
Samples Sent to Geological Survey [X] Yes [] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No

Table with 3 columns: Name, Top, Datum. Rows include Anhydrite, Topeka, Heebner Shale, Toronto, Lansing, Base KC, Arbuckle, Total Depth.

List All E. Logs Run:
Wellsite Geologist Report, Dual Induction Log, Compensated Density Neutron Log, Micro Log

CASING RECORD table with columns: Purpose of String, Size Hole Drilled, Size Casing Set, Weight Lbs./ Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives.

ADDITIONAL CEMENTING / SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD table with columns: Shots Per Foot, Bridge Plugs Set/Type, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD and production data section including Date of First Resumerd Production, Producing Method, and Estimated Production Per 24 Hours.

Disposition of Gas METHOD OF COMPLETION Production Interval
[X] Vented [] Sold [] Used on Lease [] Open Hole [] Perf. [] Dually Comp. [] Commingled

ALLIED CEMENTING CO., INC. 18641

CONFIDENTIAL

KCC

ORIGINAL

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

MAY 24 2005

SERVICE POINT: R

CONFIDENTIAL

| | | | | | | | |
|--------------------|-------------------|-------------------------------------|-------|------------|---------------------------------|--------------------|--------------------------------|
| DATE <u>3/2/05</u> | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION <u>2:30 A.M.</u> | JOB START | JOB FINISH <u>5:45 A.M.</u> |
| LEASE <u>Julia</u> | WELL# <u>1-31</u> | LOCATION <u>Fairport 3/4 W E 2N</u> | | | COUNTY <u>Russell</u> | STATE <u>KS</u> | |

OLD NEW (Circle one)

CONTRACTOR Murfin #110

TYPE OF JOB Longstring

HOLE SIZE 7 7/8" T.D. 3560'

CASING SIZE 5 1/2" DEPTH 3535'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 13.25'

CEMENT LEFT IN CSG. 13.25'

PERFS. _____

DISPLACEMENT 83.79 Bbl

EQUIPMENT

PUMP TRUCK CEMENTER Paul

_____ HELPER Shane

BULK TRUCK

_____ DRIVER Cary

BULK TRUCK

_____ DRIVER _____

OWNER _____

CEMENT

AMOUNT ORDERED 200 ASC 2% Gel

500 Gal. WFR-2

| | | | |
|---------------------------|----------------|----------------|----------------------|
| COMMON _____ | @ _____ | | |
| POZMIX _____ | @ _____ | | |
| GEL <u>4</u> | @ <u>13.00</u> | <u>52.00</u> | |
| CHLORIDE _____ | @ _____ | | |
| ASC <u>200</u> | @ <u>10.25</u> | <u>2050.00</u> | |
| WFR-2 <u>500 gals</u> | @ <u>1.00</u> | <u>500.00</u> | |
| _____ | @ _____ | | |
| _____ | @ _____ | | |
| _____ | @ _____ | | |
| _____ | @ _____ | | |
| _____ | @ _____ | | |
| HANDLING <u>204</u> | @ <u>1.50</u> | <u>306.00</u> | |
| MILEAGE <u>55/SK/MILE</u> | | <u>224.40</u> | |
| | | | TOTAL <u>3132.40</u> |

REMARKS:

RECEIVED

MAY 25 2005

SERVICE

KCC WICHITA

Plug Landed!

Float Veld!

Rathole 150x

CHARGE TO: I.A. Operating

STREET _____

CITY _____ STATE _____ ZIP _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 1260.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 20 @ 4.50 90.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1350.00

PLUG & FLOAT EQUIPMENT

| | | |
|---------------------|----------------|----------------------|
| Guide Shoe 1 | @ | <u>160.00</u> |
| AFU Insert 1 | @ | <u>235.00</u> |
| Cent. 7 | @ <u>50.00</u> | <u>350.00</u> |
| Recip. Sutch 30 | @ <u>35.00</u> | <u>1050.00</u> |
| 5 1/2 TRP | @ | <u>60.00</u> |
| <u>Fayed 3-2-05</u> | | TOTAL <u>1855.00</u> |

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]

PRINTED NAME

