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JUN 21 2005

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 32819 **CONFIDENTIAL**
 Name: Baird Oil Company LLC
 Address: PO Box 428
 City/State/Zip: Logan, KS 67646
 Purchaser: NCRA **KCC JUN 20 2005**
 Operator Contact Person: Jim R. Baird
 Phone: (785) 689-7456 **CONFIDENTIAL**
 Contractor: Name: WW Drilling LLC
 License: 33575
 Wellsite Geologist: Gary Gensch
 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>5/11/2005</u>	<u>5/20/2005</u>	<u>6/03/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

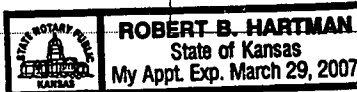
API No. 15 - 065-23058-0000
 County: Graham
 E/2 - W/2 - SW - NW Sec. 1 Twp. 6 S. R. 22 East West
1970 feet from S / (circle one) Line of Section
470 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: Almena State Bank Well #: 1-1
 Field Name: Wildcat
 Producing Formation: Toronto
 Elevation: Ground: 2294 Kelly Bushing: 2299
 Total Depth: 3845 Plug Back Total Depth: 3840
 Amount of Surface Pipe Set and Cemented at 222 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1970 Feet
 If Alternate II completion, cement circulated from 1970
 feet depth to surface w/ 150 sx cmt.
Drilling Fluid Management Plan *ALT II W/H M*
(Data must be collected from the Reserve Pit) **7-2-07**
 Chloride content 1800 ppm Fluid volume 200 bbls
 Dewatering method used evaporation
 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: Jim R. Baird
 Title: President Date: 6/20/2005
 Subscribed and sworn to before me this 20th day of JUNE
20⁰⁵
 Notary Public: Robert B. Hartman
 Date Commission Expires: 3/29/2007

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



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Side Two

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Operator Name: Baird Oil Company LLC Lease Name: Almena State Bank Well #: 1-1

Sec. 1 Twp. 6 S. R. 22 [] East [x] 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)

List All E. Logs Run:
Radiation Guard, Sonic, Micro

Name	Top	Datum
Anhydrite	1960	+339
Topeka	3312	-1013
Heebner	3508	-1209
Toronto	3534	-1235
Lansing	3551	1252
BKC	3740	-1441
Conglomerate Sand	3792	-1493
LTD	3845	-1546

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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	13 1/4	8 5/8	24#	222'	Common	150	3% CC, 2% gel
production	7 7/8	5 1/2	14#	3835	60/40 Poz	240	2% Gel, 12.5# Gil

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3533-3536	none	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8	3830	none		
Date of First, Resumerd Production, SWD or Enhr. 7/01/2005			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	
	80	none	none		35 Gravity	

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: _____



CHARGE TO: *Burd Oil Co*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 8376

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, KS</i> 2. <i>Ness City, KS</i> 3. 4.	WELL/PROJECT NO. #1	LEASE <i>Abnaco State Bush</i>	COUNTY/PARISH <i>Grant</i>	STATE <i>KS</i>	CITY	DATE <i>5-24-05</i>	OWNER <i>Son...</i>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Chico Well Service</i>	RIG NAME/NO.	SHIPPED VIA <i>HT</i>	DELIVERED TO <i>Locations</i>	ORDER NO.	CONFIDENTIAL	
WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cement Port Collar</i>	WELL PERMIT NO.	WELL LOCATION	KCC JUN 20 2005		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	75		mi			300.00
578		1			pump charge cement Port Collar	1		1960'		1250.00	1250.00
330		2			SMD Cement	150		sls		10.00	1500.00
276		7			Fluoide	50		#		1.00	50.00
581		2			Cement Service Charge	200		sls		1.10	220.00
583		2			Drayage	733.2		T/M		1.00	733.20

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: *5-24-05* TIME SIGNED: *1145* 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL: *4128.20*

TAX

TOTAL

ORIGINAL

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

SWIFT OPERATOR: *Nick K-ls* APPROVAL

Thank You!

CUSTOMER *Bar 101 Co* WELL NO. *#1* LEASE *Abnora State Bank* JOB TYPE *Lease P.C.* TICKET NO. *8676*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0815</i>							<i>on hole up hole</i>
	<i>0930</i>							<i>Take rate</i> KCC JUN 20 2005 CONFIDENTIAL
								<i>1 1/2" x 2 3/8"</i>
	<i>1235</i>					<i>800</i>		<i>locate P.C. (th. measurement)</i>
	<i>1345</i>		<i>2/4</i>			<i>600/400</i>		<i>test pipe (try to get right)</i> <i>Open P.C. (right)</i> <i>Take in rate</i>
	<i>1345</i>	<i>4</i>	<i>0</i>			<i>400</i>		<i>start cement</i>
		<i>4</i>	<i>82/0</i>			<i>400</i>		<i>and cement / start disp.</i>
	<i>1405</i>		<i>71</i>			<i>250</i>		<i>cement disp'd</i>
	<i>1407</i>							<i>close P.C.</i>
	<i>1408</i>					<i>500</i>		<i>test pipe</i>
								<i>run 2 jts</i>
	<i>1415</i>	<i>3</i>	<i>0</i>			<i>150</i>		<i>reverse out</i>
	<i>1425</i>		<i>20</i>					<i>hole clear</i>

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Thank you
Nick, Dan, & Shane



CHARGE TO:	Baird Oil Co
ADDRESS	
CITY, STATE, ZIP CODE	

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TICKET
№ 8073

PAGE	1	OF	2
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SERVICE LOCATIONS 1. Hays Ks 2. Ness City Ks	WELL/PROJECT NO. #1	LEASE Almena State Bank	COUNTY/PARISH Graham	STATE Ks	CITY	DATE 5-20-05	OWNER Sam
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR W W Priddy	RIG NAME/NO.	SHIPPED VIA ET	DELIVERED TO Location	ORDER NO.	
	WELL TYPE oil	WELL CATEGORY Development	JOB PURPOSE cement logging 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 #103		mi	4		300.00
578		1			pump charge logging string	1	cu	3838	ft	1250.00
407		1			Insert Float Shoe	1	cu	5 1/2	in	230.00
406		1			L.D. Plug & Baffle	1	cu			200.00
403		1			Basket	1	cu			155.00
402		1			Centralizers	10	ea			55.00
411		1			Scratchers reciprocating	40	ea			35.00
404		1			Port Collar	1	cu			1800.00
280		1			Flachek 21		gal	500		2.00

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

X *[Signature]*
DATE SIGNED 5-20-05 TIME SIGNED 6:45 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	6885.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				page 2	3427.23
WE UNDERSTOOD AND MET YOUR NEEDS?					10810.23
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *Mick Kurbie* APPROVAL

Thank You!

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PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 8073

CUSTOMER Baird Oil Co. WELL Alma State Bank #1 DATE 5-20-05 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT
		LOG	ACCT	DF			QTY	UM	QTY	UM		
325		2				standard Cement	200	SKS			8.25	1650.00
283		2				salt	1500	#			.17	255.00
285		2				CFR	100	#			3.50	350.00
276		2				Flocele	50	#			1.00	50.00
326		2				60/90 porz 2'age!	40	SKS			6.30	252.00
277		2				2'age! gilsonite	500	#			.40	200.00
581		2				SERVICE CHARGE					1.10	264.00
583		2				WEAR CHARGE	TOTAL WEIGHT	LOADED MILES			1.10	906.23
							24166	75				

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CONTINUATION TOTAL 3927.23

CUSTOMER *...* WELL NO. *#1* LEASE *Alameda State Bank* JOB TYPE *cement logging* TICKET NO. *8273*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2345							on loc w/FE 5 1/2" x 14" x 3834' x 44' 5 J set 10' of B. then Cout 2, 3, 4, 5, 6, 7, 8, 9, 10, 41 scratches on 1st 10, to 10' of out Basket Bottom of 42 Part Collar Top of 42 (to 8970')
	0130							start FE
	0315							Break Circ
	0424	2	3/2			250		Plug RH + MH
	0432	4	0			150		start Preflush water
	0433	4	5/0			150		check
	0436	11	12/0			175		water
	0437	5	5/0			200		start cement 60/40002 Hitches
	0439	6.5	8/0			200		Standard 200 ft.
	0446		43					rod cement wash P. & L Drop Plug
	0450	5	0			200		start displacement
	0510		92.5			700/1300		Bump Plug
	0511							Release pressure float held

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Thank you
Nick Dan & Shane



CHARGE TO: Baird Oil Co.
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 8062
 PAGE 1 OF 1

1. <u>Hays, Ks.</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Almena State Bank</u>	COUNTY/PARISH <u>Graham</u>	STATE <u>Ks</u>	CITY	DATE <u>5-11-05</u>	OWNER <u>Sam</u>
2. <u>Ness City, Ks.</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>WW Drlg</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Surface pipe</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

CONFIDENTIAL

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	75		mi		4.00	300.00
576.5		1			Shallow Surface pump charge	1		ea	222 ft	650.00	650.00
410		1			Top plug	8		ea	8 5/8 in	80.00	80.00
325		2			Standard Cement	150		cks		8.25	1237.50
279		2			gel	3		cks		12.00	36.00
278		2			Calcium Chloride	5		cks		25.00	125.00
581		2			Cement Service Charge	150		cks		1.10	165.00
583		2			Drayage	555		TM		1.00	555.00

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 JUN 20 2005
 KCC

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 3148.50
 82.06
 TOTAL 3230.56

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

SIGNED C-11-05 TIME SIGNED 2215 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

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

APPROVAL Korbe Bill Uehp (Good job Thanks) Thank You!

