

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32842
Name: JMA Energy Company, L.L.C.
Address: 1021 NW Grand Blvd.
City/State/Zip: Oklahoma City, OK 73118
Purchaser: XTO
Operator Contact Person: Don Rahmes, Operations Manager
Phone: (405) 947-4322
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

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: Douglas Energy Co.

Well Name: Roy Green 4-19

Original Comp. Date: 9-28-84 Original Total Depth: 6700'

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back 6653' ____ Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Enhr.?) Docket No. _____

<u>3-8-07</u>		<u>3-22-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 175-20780 -00-01

County: Seward

W2 NE SW Sec. 19 Twp. 34 S. R. 34 East West

1980' _____ feet from S N (circle one) Line of Section

1935' _____ feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Roy Green Well #: 4-19

Field Name: Kinney

Producing Formation: Chester

Elevation: Ground: 2953' Kelly Bushing: 2966'

Total Depth: 6700' Plug Back Total Depth: 6653'

Amount of Surface Pipe Set and Cemented at 1712' 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 DWVO RGR 6/27/07
(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: Operations Manager Date: 3-26-07

Subscribed and sworn to before me this 26 day of March

2007

Notary Public: Susan Bullard

Date Commission Expires: 2-26

SUSAN BULLARD
Canadian County
Notary Public in and for
State of Oklahoma
Commission # 00002015 Expires 2/26/08

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
RECEIVED
Wireline Log Received
Geologist Report Received APR 02 2007
UIC Distribution
KCC WICHITA

Operator Name: JMA Energy Company, L.L.C. Lease Name: Roy Green Well #: 4-19
 Sec. 19 Twp. 34 S. R. 34 East West County: Seward

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth
	RBP	100# 20/40 sand on top of RBP	6390'
4	120 deg phasing 6156'-62, 6220'-28'	Frac Chester with 25,000 gals Delta Frac	
		24,200# Premium white 16/30 sand	

TUBING RECORD	Size 2 3/8"	Set At 6137'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	-----------------------	------------------------	-----------	---

Date of First, Resumerd Production, SWD or Enhr. 3-20-07	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
		78	33		

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
--	---	---------------------

RECEIVED
 APR 02 2007
 KCC WICHITA