

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 # 5055
Name: C. H. TODD, INC.
Address: 100 S. MAIN, SUITE 415
City/State/Zip: WICHITA, KANSAS 67202
Purchaser: WEST WICHITA GAS
Operator Contact Person: DAVID PAULY
Phone: (316) 250-2045
Contractor: Name: PICKRELL DRILLING CO. INC.
License: 5123
Wellsite Geologist: BRAD RINE

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. _____

6-2-06 6-10-06 6-27-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23019-0000
County: BARBER
S/2 SW SE Sec. 6 Twp. 23S S. R. 12 East West
330 feet from (S) N (circle one) Line of Section
1980 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: CLARKE Well #: 3-6
Field Name: MEDICINE RIVER SW

Producing Formation: MISSISSIPPI
Elevation: Ground: 1505 Kelly Bushing: 1510
Total Depth: 4340 Plug Back Total Depth: 4308
Amount of Surface Pipe Set and Cemented at 235 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) ALT I WITH 7-12-07
Chloride content _____ ppm Fluid volume 501 bbls
Dewatering method used EVAPORATE AND HAUL
Location of fluid disposal if hauled offsite:
Operator Name: Bemco
Lease Name: Mac License No.: 32613
Quarter _____ Sec. 7 Twp. 32 S. R. 11 East West
County: Barber Docket No.: DCD78217, C21045

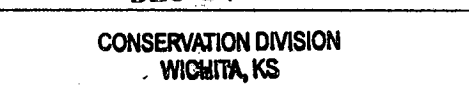
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Vice President Date: 12-27-06
Subscribed and sworn to before me this 27th day of DECEMBER,
2006.
Notary Public: [Signature]
Date Commission Expires: _____

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
DEC 27 2006

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Operator Name: C. H. TODD, INC. Lease Name: CLARKE Well #: 3-6
 Sec. 6 Twp. 23S S. R. 12 East West County: BARBER

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: COMPENSATED DENSITY NEUTRON DUAL INDUCTION CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>STARK SHALE</td> <td>4065</td> <td>-2555</td> </tr> <tr> <td>SWOPE LS</td> <td>4068</td> <td>-2558</td> </tr> <tr> <td>HUSHPUCKNEY SHALE</td> <td>4105</td> <td>-2595</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4225</td> <td>-2715</td> </tr> <tr> <td>TOTAL DEPTH</td> <td>4342</td> <td>-2832</td> </tr> </table>	Name	Top	Datum	STARK SHALE	4065	-2555	SWOPE LS	4068	-2558	HUSHPUCKNEY SHALE	4105	-2595	MISSISSIPPIAN	4225	-2715	TOTAL DEPTH	4342	-2832
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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
SURFACE	12-1/4	8-5/8"	23	235'	60/40 POZ	200	2% GEL 3% CC
PRODUCTION	7-7/8	4-1/2"	10.5	4335'	CLASS H	150	10% salt, 10% gyp

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	4227- to 4251	1,250 gal. 7.5% acid, 69,600 # sand frac	

TUBING RECORD	Size 2-3/8"	Set At 4270'	Packer At None	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 9-1-06	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbbls. 1	Gas Mcf 30	Water Bbbls. 30	Gas-Oil Ratio	Gravity
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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 _____

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 27 2006
CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 23961

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

SERVICE POINT:
Medicine A.D. 6

DATE <i>6-16-06</i>	SEC. <i>6</i>	TWP. <i>32S</i>	RANGE <i>12W</i>	CALLED OUT <i>4:30 AM</i>	ON LOCATION <i>6:30 AM</i>	JOB START <i>11:30 AM</i>	JOB FINISH <i>12:30 AM</i>
LEASE <i>C/1Kc</i>		WELL # <i>3-L</i>	LOCATION <i>Sl. 2 4W 2S 1/2 W</i>	COUNTY <i>30 35</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)			<i>N.I. To</i>				

CONTRACTOR *Pink Hill #10* OWNER *C.H. Todd INC.*

TYPE OF JOB <i>Long string</i>	CEMENT
HOLE SIZE <i>7 7/8</i>	AMOUNT ORDERED <i>1500x11+12% Gyp 10%</i>
CASING SIZE <i>4 1/2</i>	<i>5-11 6# Kel-sol 2% FI-11c 2.55x</i>
TUBING SIZE	<i>60:40:6 50sig ASE 7yab, K&I</i>
DRILL PIPE <i>4 1/2</i>	COMMON _____ @ _____
TOOL	POZMIX _____ @ _____
PRES. MAX	GEL _____ @ _____
MEAS. LINE	CHLORIDE _____ @ _____
CEMENT LEFT IN CSG. <i>17.30 FT</i>	ASC _____ @ _____
PERFS.	_____ @ _____
DISPLACEMENT <i>Kil/water 68 DBIS</i>	_____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *David W.*
4111 HELPER *Thomas D.*
BULK TRUCK
363 DRIVER *Larry F.*
BULK TRUCK
DRIVER

HANDLING _____ @ _____
MILEAGE _____ @ _____

REMARKS:

*Die on Bottom Break side Pump
12 DBIS ASE 5 DBIS Fresh water
1 1/2 Rot & Mouse w/ 25x60 G
L Pump 1500x11+12% Gyp 10%
Salt 6# Kel-sol 2% FI-11c Shut Down
Wash Pump hoses D. splice w/ 1/4" K
water slow Rate Bend Plug Flooded
Hold Wash up Rig Down*

SERVICE

DEPTH OF JOB *4342*
PUMP TRUCK CHARGE _____ @ _____
EXTRA FOOTAGE _____ @ _____
MILEAGE _____ @ _____
MANIFOLD *Head Rent* @ _____
_____ @ _____

CHARGE TO: *C.H. Todd INC.*

STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1- AFU Float Specs @ _____
1- Catch Down Plug @ _____
2- Turbolizers @ _____
12- Satchels @ _____
_____ @ _____

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.

TOTAL _____
TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

SIGNATURE *[Signature]*

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 WICHITA, KS