

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32738
Name: Exoko, Inc.
Address: P. O. Box 700246
City/State/Zip: Tulsa, OK 74170
Purchaser: Williams Pipeline
Operator Contact Person: Steven Wood
Phone: (918) 492.2285
Contractor: Name: Mokat Drilling, Inc.
License: 5831
Wellsite Geologist: William Stoeckinger

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. _____

X 2-01-01 X 2-02-01 X 7-02-01
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 125-29998-0000
County: Montgomery
SW - NW - NW _____ Sec. 29 Twp. 33 S. R. 17 East West
990 feet from S (circle one) Line of Section
330 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Peterson Well #: 29-1

Field Name: Coffeyville
Producing Formation: Mississippi
Elevation: Ground: 835' Kelly Bushing: Ground Level
Total Depth: 1,052' Plug Back Total Depth: 1,042'
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1,052
feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan Act #2 KJR 7/03/07
(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: _____
Title: President Date: 7-31-01
Subscribed and sworn to before me this 31st day of July
19 2001
Notary Public: Jessica Deay
Date Commission Expires: March 9, 2001

KCC Office Use ONLY

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

Operator Name: Exoko, Inc. Lease Name: Peterson Well #: 29-1
 Sec. 29 Twp. 33 S. R. 17 East West County: Montgomery

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 checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Mulky zone</td> <td>572'</td> <td>3'</td> </tr> <tr> <td>Squirrel sand</td> <td>608'</td> <td>80'</td> </tr> <tr> <td>Weir Coal</td> <td>779'</td> <td>2'</td> </tr> <tr> <td>Riverton coal</td> <td>1033'</td> <td>1'</td> </tr> </table>	Name	Top	Datum	Mulky zone	572'	3'	Squirrel sand	608'	80'	Weir Coal	779'	2'	Riverton coal	1033'	1'
Name	Top	Datum														
Mulky zone	572'	3'														
Squirrel sand	608'	80'														
Weir Coal	779'	2'														
Riverton coal	1033'	1'														

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 KANSAS CORPORATION COMMISSION

AUG 01 2001

CONSERVATION DIVISION WICHITA, KS 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 1/2"	8 5/8"	26	20'	Class A	10	None
Conductor	7-7/8"	4 1/2"	9.5	1,052'	Class A	150	10% salt 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
4	571' to 574'	100 Gal 15% HCL (5.7.2001)	571'
		200 Bbls water; 5k Lbs 12-20 sd (7.2.2001)	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>600'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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
		10	10 Bbls/Day	N/A	N/A

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 or 800-467-8676

TICKET NUMBER 07775
LOCATION Chanute
FOREMAN Dwayne

TREATMENT REPORT

DATE <u>3/9/01</u>	CUSTOMER ACCT # <u>2506</u>	WELL NAME <u>Pederson 29-1</u>	QTR/QTR	SECTION <u>29</u>	TWP <u>33</u>	RGE <u>17</u>	COUNTY <u>Mont</u>	FORMATION
CHARGE TO <u>EXOKO</u>				OWNER				
MAILING ADDRESS <u>PO Box 700246</u>				OPERATOR				
CITY <u>Tulsa</u>				CONTRACTOR				
STATE <u>OK</u>		ZIP CODE <u>744170</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>8:30</u>				TIME LEFT LOCATION <u>10:30</u>				

WELL DATA	
HOLE SIZE	<u>7 5/8</u>
TOTAL DEPTH	<u>1052</u>
CASING SIZE	<u>4 1/2</u>
CASING DEPTH	<u>1052</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

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AUG 01 2001
CONSERVATION DIVISION
WICHITA, KS

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

	PRESSURE LIMITATIONS	
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Wash Down 120' Pipe and Cement on Bottom
With 80 SK

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Washed Down Pipe Ran 12 B-11 Pad Followed
By 80 SK Cement then washed up Pump and Pumped Plug
to Bottom

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TERMS

ORIGINAL

In consideration of the prices to be charged for our services; equipment and products as set forth in Consolidated Industrial Services, Inc's (CIS) current Price Schedule, and for the performance of services and supplying of materials; customer agrees to the following terms and conditions:

Terms. Cash in advance unless satisfactory credit is established. On credit sales, invoices payable to P.O. Box 884, Chanute, KS 66720. Invoices payable within 30 days of invoice date. Charges subjected to interest after 30 days from invoice date. Interest will be charged at Maximum rate allowed by law. In the event it is necessary to employ an attorney to enforce collection of such account, customer agrees to pay all collection costs and attorney's fees in the amount of 20% of said amount.

Any applicable federal, state or local sales, use, occupation, consumer's, or emergency taxes shall be added to the quoted price.

A sales tax reimbursement of 2% is applied to chemical and product charges for all services performed on oil and gas wells in the State of Texas.

All process license fees required to be paid to others will be added to the scheduled prices.

All prices are subject to change without notice.

SERVICE CONDITIONS

Customer warrants that the well is in proper condition to receive the services, equipment, products, and materials to be supplied by CIS.

"The customer shall at all times have complete care, custody, and control of the well, the drilling and production equipment at the well, and the premises about the well. A responsible representative of the customer shall be present to specify depths, pressures, or materials used for any service which is to be performed."

- (a) CIS shall not be responsible for, and customer shall secure CIS against any liability for damage to property of customer and of the well owner (if different from customer), unless caused by the willful misconduct or gross negligence of CIS, this provision applying to but not limited to sub-surface damage and surface damage arising from subsurface damage.
- (b) Customer shall be responsible for and secure CIS against any liability for reservoir loss or damage, or property damage resulting from sub-surface pressure, losing control of the well and/or a well blowout, unless such loss or damage is caused by the willful misconduct or gross negligence of CIS.

(c) Customer shall be responsible for and secure CIS against any and all liability of whatsoever nature for damages as a result of a subsurface trespass, or an action in the nature thereof, arising from a service operation performed by CIS hereunder.

(d) Customer shall be responsible for and secure CIS against any liability for injury to or death of persons, other than employees of CIS, or damage to property (including, but not limited to, injury to the well), or any damages whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hole, unless such damage shall be caused by the willful misconduct or gross negligence of CIS.

(e) CIS makes no guarantee of the effectiveness of the products, supplies or materials, nor of the results of any treatment or services.

(f) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, CIS is unable to guarantee the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by CIS. CIS personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but customer agrees that CIS shall not be responsible for any damage arising from the use of such information except where due to CIS gross negligence or willfull misconduct in the preparation or furnishing of it.

WARRANTIES – LIMITATION OF LIABILITY

CIS warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED OF MERCHANTABILITY, FITNESS OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. CIS's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to CIS or, at CIS's option, to the allowance to the customer of credit for the cost of such items. In no event, shall CIS be liable for special, incidental, indirect, punitive or consequential damages.

CIS personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that CIS shall not be liable for and CUSTOMER SHALL INDEMNIFY AGAINST ANY DAMAGED ARISING FROM THE USE OF SUCH INFORMATION, even if such is contributed to by CIS negligence or fault.

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER 07044

LOCATION Chanute

FOREMAN Dwayne

TREATMENT REPORT

DATE <u>4/27/01</u>	CUSTOMER ACCT # <u>2506</u>	WELL NAME <u>Pederson 29-1</u>	QTR/QTR	SECTION <u>29</u>	TWP <u>33</u>	RGE <u>17</u>	COUNTY <u>Mont</u>	FORMATION
CHARGE TO <u>KXOKO</u>				OWNER				
MAILING ADDRESS <u>P O Box 700246</u>				OPERATOR				
CITY <u>Tulsa</u>				CONTRACTOR				
STATE <u>OK</u>		ZIP CODE <u>74170</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE <u>7 7/8</u>	TOTAL DEPTH <u>468</u>
CASING SIZE <u>4 1/2</u>	CASING DEPTH
CASING WEIGHT	CASING CONDITION
TUBING SIZE <u>1"</u>	TUBING DEPTH <u>460</u>
TUBING WEIGHT	TUBING CONDITION
PACKER DEPTH.	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

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 CONSERVATION DIVISION
 WICHITA, KS

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

	PRESSURE LIMITATIONS	
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Fill outside to Top Through 1"

DESCRIPTION OF JOB EVENTS Pumped 65 SK to circulate Pulled 1" and Pumped 5 SK to TOP OFF. Total 70 SK

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MAXIMUM BPM	
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AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

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SERVICE CONDITIONS

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