

Oil & Gas Conservation Division
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
 September 1999

Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License 32406
 Name: Phoenix Kansas Energy, LLC.
 Address: 536 North Highland
 City/State/Zip: Chanute, Kansas 66720
 Purchaser: Plains Marketing
 Operator Contact Person: Bob Barnett
 Phone: (316) 431 - 2650
 Contractor: Name: Kelly Down Drilling
 License: 5661
 Wellsite Geologist: _____
 Designate Type of Completion:

New Well Re-Entry Workover Temp. Abd.
 Oil SWD SLOW
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old well Info as follows
 RECEIVED
 STATE CORPORATION COMMISSION

Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original TD: AUG 14 2000
 Deepening Plug Back Commingled Dual Completion Other (SWD or Enhr.?)
 Plug Back Total Depth: _____
 CONSERVATION DIVISION
 WICHITA, KANSAS
 Docket No. _____
 Docket No. _____
 Docket No. _____
6/13/00 6/26/00 6/27/00
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date _____ Recompletion Date _____

API No. 15 - 207 - 26639 0000
 County: Woodson
C - E/2 - Sec. 35 Twp. 23 s R. 16 East
2640 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section
 Footages Calculated from Nearst Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Riley Well # PW-12
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground 1036.8' Kelly Bushing: _____
 Total Depth: 1420' Plug Back TD: 1029.2'
 Amount of Surface Pipe Set and Cemented: 40.20'
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____
 If Alternate II completion, cement circulated from 1060'
 feet depth to Surface w/ 145 sx. cmt.

ALT #2 KJR 7/06/07
Drilling Fluid Management Plan
 (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 filled 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 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 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: Bob Barnett
 Title: Operations Manager Date: 8/10/00

Suscribed and sworn to before me this 10th day of Aug, 2000

Notary Public: Karen M. Willey

Date Commission Expires: _____
 NOTARY PUBLIC - State of Kansas
 KAREN M. WILLEY
 My Appt. Exp. 1-21-02

KCC Office Use Only

Letter of Confidentiality Attached
 if denied, Yes Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: **Phoenix Kansas Energy, LLC.** Lease Name: **Riley** Well #: **PW-12**

Sec. **35** Twp. **23** s R. **16** East West

Instructions: Show important tops and base formations penetrated. Detail all cores. Report all final copies of drill stems test giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with the chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wiring Logs surveyed. Attach final geological well site report.

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

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 Used	# Sacks Used	Types and Percent Additives
Surface	10 5/8"	7"		40.20'	Portland	10	
Production	5 5/8"	2 7/8"		1060'	Portland	145	

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
2 shots/foot	1000'-1008'	150 gals. 15% HCl	
		100 lbs. salt	
		200 lbs. 20/40 mesh sand	
		800 lbs. 12/20 mesh sand	

TUBING RECORD	Size	Set At	Packer At	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 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

Disposition of Gas	Method of Completion	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<input type="checkbox"/> Other (Specify) _____

Kelly Down Drilling Co., Inc.

K. W. Laymon

Drilling Contractor

&
ORIGINAL Oil Producer

Route 1

Neosho Falls, Kansas 66758

Phone: (316) 963-2495

June 27, 2000

TOCO, LLC
PO Box 425
Chanute, KS. 66720

RECEIVED
STATE CORPORATION COMMISSION

AUG 14 2000

CONSERVATION DIVISION
Wichita, Kansas

Riley PW-12
API # 15-207-26639
Spudding Date: 06/13/00
Completion Date: 06/27/00
Wo Co, KS Elev. 1029.2
Sec. 35 Twp. 23S, Rng. 16E

Soil & Clay	0 - 06
Shale	06 - 147
Lime	147 - 160
Shale	160 - 262
Lime & Shale	262 - 611
Lime	611 - 615
Big Shale	615 - 774
Lime & Shale	774 - 947
Shale	947 - 990
1st Cap Rock	990 - 992
Shale	992 - 994
2nd Cap Rock	994 - 995
Sand	995 - 1008
Shale	1008 - 1350
Mississippi Lime	1350 - 1360
1st Break	1360 - 1364
Mississippi Lime	1364 - 1371
2nd Break	1371 - 1373
Mississippi Lime	1373 - 1420
Total Depth	1420

Set 40.20' of 7" surface pipe.
Cemented w/10 sks cement.
Core I 993' - 1009', recovered 16'.
Ran 1060' of 2 7/8" 10 rd pipe.

ORIGINAL

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

TICKET NUMBER **13061**
LOCATION Chanute
FOREMAN Dwayne

TREATMENT REPORT

DATE <u>6/27/00</u>	CUSTOMER ACCT # <u>6920</u>	WELL NAME <u>Riley #1W-12</u>	QTR/QTR <u>12</u>	SECTION <u>35</u>	TWP <u>23S</u>	RGE <u>16E</u>	COUNTY <u>WO</u>	FORMATION
CHARGE TO <u>TACO</u>				OWNER				
MAILING ADDRESS <u>536 N. Highland</u>				OPERATOR				
CITY <u>Chanute</u>				CONTRACTOR				
STATE <u>Ks</u>		ZIP CODE <u>66720</u>		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE <u>5 7/8</u>	6 1/8
TOTAL DEPTH <u>1920</u>	
CASING SIZE <u>2 1/2</u>	<u>10</u>
CASING DEPTH <u>1030</u>	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	<u>AUG 14 2000</u>
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA <u>Cement Pump</u>	

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 Pump 20 sk Plug on Bottom then Pull up to 1050 and run cement Long string

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Pumped 20 sk Plug on Bottom Pulled up to 1050 and ran 2 Ball Dye Followed by 125 sk Cement Got Dye Back Stopped and washed out Pump and Pumped Plug to Bottom Shot In 750 PSI

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 _____

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

ORIGINAL

CONSOLIDATED

INDUSTRIAL SERVICES
AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 16455

LOCATION Chanute

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
6/27/00	6920	Nickel = NW. 2		35	2 S.	16 E.	W0	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1 well	PUMP CHARGE		475 ⁰⁰
5462	10.50'	Fracture		126 ⁰⁰
		HYDRAULIC HORSE POWER		
4402	1	2 1/2 Rubber Plug		15 ⁰⁰
1114	3 SK	Open Gate In Load		31.50
1107	1 SK	Flaseal		33.50
1111	8 SK 410#	Salt		80 ⁰⁰
RECEIVED STATE CORPORATION COMMISSION AUG 14 2000 CONSERVATION DIVISION Wichita, Kansas				
		5' Height 2 3/4 Flaseal 5" salt		
		STAND BY TIME		
		MILEAGE		
		WATER TRANSPORTS		
5502	3.5 hr	VACUUM TRUCKS		210 ⁰⁰
		FRAC SAND		
1104	145 SK	CEMENT		1189 ⁰⁰
4151		Fuel Surcharge 43 x 1.19 = 129 x .19		17.20
		NITROGEN		
5467	43 miles	TON-MILES		150 ⁰⁰
			Tax	86.34
				150 ⁰⁰
			ESTIMATED TOTAL	2,409.24

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN *Jwayne*

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

168071

ORIGINAL

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

TICKET NUMBER 13285

LOCATION

FOREMAN Jerry Lester

TREATMENT REPORT

DATE: 8-3-00	CUSTOMER ACCT. #	WELL NAME: Riley #PW 12	QTR/QTR	SECTION	TWP	RGE	COUNTY: W0	FORMATION: 590
CHARGE TO: TO CO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE: ZIP CODE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA

HOLE SIZE	
TOTAL DEPTH	
CASING SIZE	2 1/2 10
CASING DEPTH	
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	4" 2000
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	1000 - 08 Wichita Kansas
SHOTS/FT	7.5
OPEN HOLE	
TREATMENT VIA	Casing

TYPE OF TREATMENT

- SURFACE PIPE
- ACID BREAKDOWN
- PRODUCTION CASING
- ACID STIMULATION
- SQUEEZE CEMENT
- ACID SPOTTING
- PLUG & ABANDON
- FRAC
- PLUG BACK
- FRAC + NITROGEN
- MISC PUMP
- FOAM FRAC
- OTHER
- NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB Spot 150 gal 15% HCL. Break down and stage acid - establish Max rate - No Pad - 200# 20/40 - 400# 12/20 - 100# RS - 600# 12/20 - flush to perfs - No over flush

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Spotted 150 gal 15% HCL - broke down and staged acid - established Max rate - No Pad - 200# 20/40 - 400# 12/20 - 100# RS - 600# 12/20 - flushed to perfs - NO over flush

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	2200 psi
FINAL DISPLACEMENT	2600 psi
ANNULUS	psi
MAXIMUM	3000 psi
MINIMUM	1800 psi
AVERAGE	psi
ISIP	400 psi
5 MIN SIP	300 psi
15 MIN SIP	psi

TREATMENT RATE

BREAKDOWN BPM	
INITIAL BPM	19
FINAL BPM	16
MINIMUM BPM	13
MAXIMUM BPM	19
AVERAGE BPM	
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED

TITLE

DATE

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

CONSOLIDATED INDUSTRIAL SERVICES
 AN INFINITY COMPANY
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

ORIGINAL
 TICKET NUMBER **16537**

LOCATION *Vernon-1 1/2 E - 1 N*
3/4 E - N. side

2 of 2

FIELD TICKET

DATE <i>8-3-00</i>	CUSTOMER ACCT # <i>6920</i>	WELL NAME <i>Riley # PW 12</i>	QTR/QTR	SECTION	TWP	RGE	COUNTY <i>W.O</i>	FORMATION <i>580</i>
CHARGE TO <i>TCCO LLC</i>			OWNER <i># PW 55 # PW 44 # PW 54 # PW 49 # PW 70 # PW 50</i>					
MAILING ADDRESS			OPERATOR					
CITY & STATE			CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
<i>5106</i>	<i>7</i>	<i>PUMP CHARGE 1300 HP</i>	<i>850.00</i>	<i>5950.00</i>
		<i>HYDRAULIC HORSE POWER</i>		
RECEIVED STATE CORPORATION COMMISSION <i>AUG 14 2000</i> CONSERVATION DIVISION Wichita, Kansas				
<i>5302</i>	<i>7</i>	<i>Acid Spots</i>		<i>1400.00</i>
<i>3107</i>	<i>950 gal.</i>	<i>15% HCL</i>		<i>712.50</i>
<i>1208</i>	<i>2 gts.</i>	<i>Breaker</i>		<i>65.00</i>
<i>1227</i>	<i>550 #</i>	<i>Rock salt</i>		<i>82.50</i>
<i>1231</i>	<i>350 #</i>	<i>Frac Gel</i>		<i>1207.50</i>
		<i>STAND BY TIME</i>		
		<i>MILEAGE</i>		
<i>5501</i>	<i>12 hrs.</i>	<i>WATER TRANSPORTS</i>		<i>780.00</i>
		<i>VACUUM TRUCKS</i>		
<i>2101</i>	<i>14 sx</i>	<i>FRAC SAND 20/40</i>		<i>112.00</i>
<i>2102</i>	<i>63 sx</i>	<i>12/20</i>		<i>693.00</i>
		<i>CEMENT</i>		
		<i>NITROGEN</i>		
<i>5109</i>	<i>42 mi</i>	<i>TON-MILES</i>		<i>175.00</i>
ESTIMATED TOTAL				<i>11,177.50</i>

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN *Jerry L. Luster*

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

16537