

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. '15- 051-250400000

County Ellis

140' S
-NW -NW -SE Sec. 25 Twp. 11S Rge. 19 XW

2170 Feet from S/N (circle one) Line of Section

2310 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Johnson Well # 1

Field Name Solomon

Producing Formation _____

Elevation: Ground 2078 KB 2083

Total Depth 3680 PBDT _____

Amount of Surface Pipe Set and Cemented at 264 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P&A RGR 7/09/07
(Data must be collected from the Reserve Pit)

Chloride content 38,000 ppm Fluid volume 320 bbls

Dewatering method used Allow to dry and backfill

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 5259

Name: Mai Oil Operations, Inc.

Address P.O. BOX 33

City/State/Zip Russell, KS 67665

Purchaser: _____

Operator Contact Person: Allen Bangert

Phone (785) 483-2169

Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431

Wellsite Geologist: Dave Shumaker

Designate Type of Completion

X New Well _____ Re-Entry _____ Workover _____

Oil _____ SWD _____ SIOW _____ Temp. Abd.

Gas _____ ENHR _____ SIGW _____

X Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____ Conv. to Inj/SWD _____

Plug Back _____ PBDT _____

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

7-3-00 7-12-00 7-12-00

Spud Date _____ Date Reached TD _____ Completion Date _____

CONFIDENTIAL
WICHITA, KANSAS

RECEIVED
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS
SEP 14 11 17 AM

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 on 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.

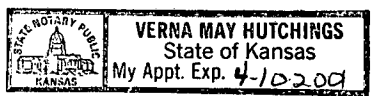
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Allen Bangert
Title Prod Supt Date 9-12-00

Subscribed and sworn to before me this 12th day of September, 2000.

Notary Public Verna May Hutchings
Date Commission Expires April 10, 2001

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other _____
(Specify)



X

JAN 1980 ORIGINAL

Operator Name MAI OIL OPERATIONS, INC.

SIDE TWO

Lease Name JOHNSON

Well # 1

County ELLIS

Sec. 25 Twp. 11 Rge. 19
 East
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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

Name	Top	Datum
ANHYDRITE	1408	675
BASE-ANHYDRITE	1440	643
TOPEKA	3082	-999
HEEBNER	3307	-1224
TORONTO	3328	-1245
LANSING-KANSAS CITY	3350	-1267
BASE-KANSAS CITY	3577	-1494
SIMPSON	3634	-1551
ARBUCKLE	3654	-1571

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"	20#	267'	60-40POZ	165	2% GEL 3% CC

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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)	
		Amount	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		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: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____

DRILL STEM TESTS

Drill Stem Test No. 1 3102-3130 Topeka

Time Interval: 45-45-45-45

Blow: First Open - weak 14" to 2" blow

Second Open - weak 2" blow

Recovery: 5 feet of oil

125 feet of slightly oil cut muddy water

130 feet of total fluid (2% oil, 78% water, 20% mud)

Pressures:

IHMP: 1484#

IFP: 33# - 44#

ISIP: 462#

FFP: 66# - 77#

FSIP: 571#

BHT: 102 F

FHMP: 1463#

Mud Properties: Viscosity: 48 Weight: 9.6 Water loss: 9.6

Drill Stem Test No. 2 3418-45 Lansing-Kansas City

Time Interval: 45-45-45-45

Blow: First Open - weak 1/2" to 1" blow throughout

Second Open - weak 1" blow throughout

Recovery: 60 feet of gas in pipe

10 feet of oil

95 feet of slightly oil cut watery mud

105 feet of total fluid (2% oil, 45% water, 53% mud)

Pressures:

IHMP: 1722#

IFP: 55# - 66#

ISIP: 767#

FFP: 77# - 77#

FSIP: 767#

BHT: 104 F

FHMP: 1712#

Mud Properties: Viscosity: 56 Weight: 9.4 Water loss: 10.8

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Wichita, Kansas

ORIGINAL

DRILL STEM TESTS CONT

Drill Stem Test No. 3 3576-3645 Simpson

Time Interval: 45-45-45-45

Blow: First Open - weak - died in 20 min.

Second Open - no blow

Recovery:

10 feet of mud- with a show of oil

10 feet of total fluid

Pressures:

IHMP: 1809#

IFP: 55# - 55#

ISIP: 220#

FFP: 77# - 77#

FSIP: 176#

BHT: 107 F

FHMP: 1798#

Mud Properties: Viscosity: 47 Weight: 9.4 Water loss: 9.4

Drill Stem Tests No. 4 Arbuckle

Time Interval: 30-30-10

Blow: First Open - weak 1/2" blow died in 26 min.

Second Open - no blow

Recovery: 15 feet of mud

15 feet of total fluid

Pressures:

IHMP: 1755#

IFP: 66# - 66#

ISIP: 517#

FFP: 66# - 66#

FSIP: N.A.

BHT: 109 F

FHMP: 1722#

Mud Properties: Viscosity: 47 Weight: 9.4 Water loss: 9.4

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CONSERVATION DIVISION
Wichita, Kansas

DRILLERS WELL LOG

Date Commenced: July 3, 2000
Date Completed: July 12, 2000

Mai Oil Operation, Inc.
Johnson #1
NW NW SE Sec. 25-11S-19W
Ellis County, Kansas

Elevation: 2078' G.L.
2083' K.B.

- 0 - 1181' Shale
- 1181 - 1424' Shale & Sand
- 1424 - 1444' Anhydrite
- 1444 - 1565' Shale
- 1565 - 2340' Lime & Shale
- 2340 - 2700' Shale & Lime
- 2700 - 2950' Lime & Shale
- 2950 - 3130' Shale & Lime
- 3130 - 3190' Lime & Shale
- 3190 - 3315' Lime
- 3315 - 3445' Lime & Shale
- 3445 - 3530' Shale & Lime
- 3530 - 3680' Lime & Shale
- 3680' R.T.D.

FORMATION DATA

Anhydrite 1424'
Base Anhydrite 1444'

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Wichita, Kansas

Surface Pipe: Set 20#, used, 8 5/8"
casing @ 264' with 165 sacks 60/40
Poz., 2% Gel., 3% CC.

AFFIDAVIT

STATE OF KANSAS)
) ss:
COUNTY OF RUSSELL)

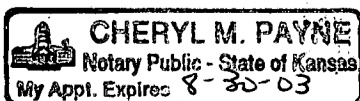
Alan Vonfeldt of lawful age, does swear and state that the facts and statements
herein are true and correct to the best of his knowledge.

Alan Vonfeldt
Alan Vonfeldt

Subscribed and sworn to before me this 18th day of July, 2000.

My Commission Expires:
August 30, 2003

Cheryl M. Payne
Cheryl M. Payne, Notary Public



ALLIED CEMENTING CO., INC.

4967

ORIGINAL

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russel

DATE <i>7-12-00</i>	SEC <i>25</i>	TWP <i>11</i>	RANGE <i>19</i>	CALLED OUT <i>1:00 PM</i>	ON LOCATION <i>2:30 PM</i>	JOB START	JOB FINISH <i>7:30 PM</i>
LEASE <i>10/11/00</i>	WELL # <i>1</i>	LOCATION <i>Yocemento 10 N 2E 2N</i>			COUNTY <i>Ellis</i>	STATE <i>Kn</i>	
<input checked="" type="radio"/> OLD OR <input type="radio"/> NEW (Circle one)							

CONTRACTOR *Vanfeldt Drlg*

TYPE OF JOB *Plug*

HOLE SIZE *7 1/2* T.D.

CASING SIZE _____ DEPTH _____

TUBING SIZE *4 1/2* DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *2 1/2 skn 6 1/4 6 1/2 cel*

1/4 # Flo Seal

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

153 HELPER *Paul*

BULK TRUCK DRIVER *Jason*

_____ DRIVER _____

REMARKS:

1st Plug C 3635 w/ 25 skn

2nd Plug C 1434 w/ 25 skn

3rd Plug C 728 w/ 100 skn

4th Plug C 316 w/ 40 skn

5th Plug C 40 w/ 10 skn

1 skn R At hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG *1-8 1/2 Wood* _____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *Mai. Op.*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *Eric Davidson*

PRINTED NAME _____

ALLIED CEMENTING CO., INC. ORIGINAL

4960

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

SERVICE POINT:
Russell

DATE <u>7-4-00</u>	SEC <u>2S</u>	TWP <u>11N</u>	RANGE <u>19E</u>	CALLED OUT <u>7:30pm</u>	ON LOCATION <u>1:30Am</u>	JOB START	JOB FINISH <u>4:15AM</u>
LEASE <u>Johnson</u>	WELL # <u>1</u>	LOCATION <u>Yocemento 12N 2E 2N</u>			COUNTY <u>Ellis</u>	STATE <u>Kn</u>	
OLD OR NEW (Circle one) _____							
CONTRACTOR <u>Donfeldt Orig</u>				OWNER _____			
TYPE OF JOB <u>SURFACE</u>							
HOLE SIZE <u>12 1/2</u>		T.D. <u>267</u>		CEMENT		AMOUNT ORDERED	
CASING SIZE <u>8 3/4</u>		DEPTH		<u>16 SPM 60/40 3-2</u>			
TUBING SIZE		DEPTH					
DRILL PIPE		DEPTH					
TOOL		DEPTH					
PRES. MAX		MINIMUM		COMMON @ _____			
MEAS. LINE		SHOE JOINT		POZMIX @ _____			
CEMENT LEFT IN CSG. <u>1 S</u>				GEL @ _____			
PERFS.				CHLORIDE @ _____			
DISPLACEMENT <u>1 S. 9 bbls</u>				@ _____			
EQUIPMENT				@ _____			
PUMP TRUCK # <u>345</u>		CEMENTER <u>Bill</u>		@ _____			
		HELPER <u>MARK</u>		@ _____			
BULK TRUCK # <u>213</u>		DRIVER <u>Johnson-Shane</u>		HANDLING @ _____			
		DRIVER		MILEAGE @ _____			
				TOTAL _____			

REMARKS:
RAN 1 job of 8 3/4
Det c 266
Cem w/ 16 SPM 60/40 3-2
pump plug w/ 1 S. 9 bbls
Cem did Circumie

SERVICE

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
PLUG	@ _____
	@ _____
TOTAL	_____

CHARGE TO: M.C. O.I. Op. Inc

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL	_____

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Johnson PRINTED NAME _____

