

ORIGINAL

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

Operator: License # 0417
Name: Twin Valley Enterprises
Address: 5816 County Road 3300
City/State/Zip: Independence, Ks 67301
Purchaser: _____
Operator Contact Person: Dale Springer
Phone: (620) 331-4036
Contractor: Name: Well Refined Drilling Co Inc
License: 33072
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: _____
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. _____
8-31-04 9-1-04 9-21-04
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 125-30499-0000
County: Montgomery
SE NE NW Sec. 15 Twp. 31 S. R. 15 East West
720 feet from S. (N) (circle one) Line of Section
2980 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Sloan Well #: 9
Field Name: Jefferson Sycamore
Producing Formation: Mulky

Elevation: Ground: 820 Kelly Bushing: _____
Total Depth: 1002 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 22.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 22.5
feet depth to surface w/ 10 sx cmt.

Drilling Fluid Management Plan As per well log
(Data must be collected from the Reserve Pit) 8-16-07
Chloride content _____ ppm Fluid volume 60 bbls
Dewatering method used hauled to disposal

Location of fluid disposal if hauled offsite:
Operator Name: Twin Valley Enterprises
Lease Name: Woods Well#4 License No.: 4017
Quarter SW Sec. 14 Twp. 31 S. R. 15 (East) West
County: Montgomery Docket No.: D-24845

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. resubmitted per request
First signed and submitted 12-24-04 typed 7-24-07

Signature: Dale Springer
Title: owner Date: _____

Subscribed and sworn to before me this 24 day of July

19 2007
Notary Public: [Signature]

Date Commission Expires: 11-22-08

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received **RECEIVED**
 UIC Distribution **KANSAS CORPORATION COMMISSION**
JUL 26 2007

GLORIA R. LEWIS
Notary Public - State of Kansas
My Appt. Expires 11-22-08

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Twin Valley Enterprises Lease Name: Sloan Well # JAM19190
 Sec. 15 Twp. 31 S. R. 15 East West County: _____

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 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:

Log Formation (Top); Depth and Datum Sample
 Name Mulky Top 751 Datum
 bottom 778

Gamma Ray Newton

CASING RECORD							
				New	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	32'	22.5	Portland	10	none
Longstring	6 3/4	4 1/2	10.5	990	Portland	130	none

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	751 - 755	acid and fracture	
2	772 - 778	acid and fracture	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	820		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.		Producing Method		Flowing	<input checked="" type="checkbox"/> Pumping
				Gas Lift	Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls.	<input checked="" type="checkbox"/> Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		15			

Disposition of Gas: Vented Sold Used on Lease (If vented, Sumit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
 Production Interval: _____