

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

**ORIGINAL WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4017  
Name: TWIN VALLEY ENTERPRISES  
Address: 5816 County Road 3300  
City/State/Zip: Independence, Kansas 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. \_\_\_\_\_  
9-1-04      9-2-04      9-21-04  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 125-30498-0000  
County: Montgomery  
SE NW NE Sec. 15 Twp. 31 S. R. 15  East  West  
1020 feet from S (N) (circle one) Line of Section  
1680 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 #: 8  
Field Name: Jefferson Sycamore

Producing Formation: Bartiville  
Elevation: Ground: 820 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1027 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 Surface  
feet depth to 22.5 w/ 30 sx cmt.

Drilling Fluid Management Plan ALT II WHW  
(Data must be collected from the Reserve Pit) 8-16-07  
Chloride content N/A ppm Fluid volume 50 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.: 0417  
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.  
first signed and submitted 12-24-04; resubmitted per request  
Signature: Dale Springer typed 7-24-07  
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  
 UIC Distribution

**RECEIVED**  
KANSAS CORPORATION COMMISSION

**JUL 26 2007**

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

CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Twin Valley Enterprises Lease Name: Sloan Well #: 8  
 Sec. 15 Twp. 31 S. R. 15 East West County: Montgomery

ORIGINAL

**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: Gamma Ray Newton

Log Formation (Top), Depth and Datum Sample  
 Name Top Datum

Bartlesville 919  
bottom 960

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	<del>225</del> 22.5	Portland	30	3% calcium
Longstring	6 3/4	4 1/2	10.5	1017	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	919 - 922	acid and fracture	
2	957 - 960	acid and fracture	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	980		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr.	Producing Method	Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas <input checked="" type="checkbox"/> Mcf 15	Water Bbls.	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION:  Open Hole  Perf.  Other (Specify)

Production Interval:  Dually Comp.  Commingled