

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 # 3134
Name: GLM Company
Address: P.O. Box 193 120' N
City/State/Zip: Russell, Kansas 67665
Purchaser: _____
Operator Contact Person: Terry Morris
Phone: (785) 483-1307
Contractor: Name: Vonfeldt Drilling, Inc.
License: 9431
Wellsite Geologist: Dave Shumaker

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. _____

<u>3/21/2005</u>	<u>3/28/2005</u>	<u>3/28/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-24829-0000
County: Barton
60' E S/2 NE SW Sec. 31 Twp. 16 S. R. 13 East West
1770 feet from (S) N (circle one) Line of Section
3240 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Carter Well #: 3
Field Name: Barret
Producing Formation: _____
Elevation: Ground: 1960' Kelly Bushing: 1965'
Total Depth: 3507' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 398 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) ALTI 1/4 W/HR
8-17-07
Chloride content 51000 ppm Fluid volume 400 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. 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: Terry E. Morris
Title: OWNER Date: 08-06-07
Subscribed and sworn to before me this 6th day of August
20 07
Notary Public: Cheryl M. Payne
Date Commission Expires: August 30, 2007

NOTARY PUBLIC - State of Kansas
CHERYL M. PAYNE
My Appt. Exp. 8-30-07

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
AUG 08 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: **SLM Company** Lease Name: **Carter** Well #: **3**
 Section: **33** Twp: **5** S. R: **13** East West County: **Barton**

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)

See Geological Report
 Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Microresistivity Log
 Dual Compensated Porosity Log
 Dual Induction Log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Anhydrite	923'	+1043
Base Anhydrite	951'	+1015
Topeka	2884'	-919
Heebner	3119'	-1154
Toronto	3134'	-1169
Douglas	3149'	-1184
Brown Lime	3196'	-1231

See Attached for Formation Tops

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 1/4"	8 5/8"	23#	398'	Common	250	2% Gel., 3% CC

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
..... Perforate				
..... Protect Casing				
..... Plug Back TD				
..... Plug Off Zone				

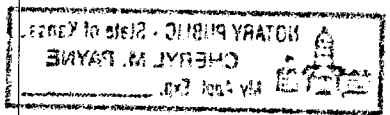
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
	Dry Hole			Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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 Mct	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 Other (Specify)

Production Interval



Attachment to ACO-1 (Formation Tops)

GLM Company
P.O. Box 193
Russell, Kansas

Well Name: Carter
Well Number: #3
API #: 15-009-24829-0000
Spot Location: 120'N & 60'E S/2 NE SW
Sec. 31-16S-13W
1770' FSL & 3240' FEL
County: Barton

FORMATION TOPS (Continued from ACO-1)

<u>Name</u>	<u>Top</u>	<u>Datum</u>
Lansing-Kansas City	3203'	-1238
Base-Kansas City	3421'	-1456
Weathered Arbuckle	3430'	-1465
Arbuckle	3440'	-1475
Total Depth	3508'	-1543

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 08 2007

CONSERVATION DIVISION
MCCARTHY, JR.

ALLIED CEMENTING CO., INC. 14407

Federal Tax I.D.

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

SERVICE POINT:

Mt Bend

DATE <u>3-28-05</u>	SEC. <u>31</u>	TWP. <u>16</u>	RANGE <u>13</u>	CALLED OUT <u>2:30AM</u>	ON LOCATION <u>5:15AM</u>	JOB START <u>5:30AM</u>	JOB FINISH <u>8:45AM</u>
LEASE <u>Carter</u>		WELL # <u>3</u>		LOCATION <u>Sumner 2W25, 2E, N/5</u>		COUNTY <u>Barton</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR Vonfeldt Arls

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8" T.D. 3507'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 3400'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 180 lbs 60/40 based

1/4 # flowline

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Timm D

120 HELPER Jayson D

BULK TRUCK DRIVER Rick H

341

BULK TRUCK DRIVER _____

TOTAL _____

REMARKS:

Mixed - 25 lbs @ 3400'

40 lbs @ 930'

80 lbs @ 489'

10 lbs @ 40'

15 lbs - BH 10 lbs M.H.

SERVICE

DEPTH OF JOB 3400'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: GLM, Co.

STREET _____

CITY _____ STATE _____ ZIP _____

[Handwritten Signature]

FLOAT EQUIPMENT

RECEIVED

KANSAS CORPORATION COMMISSION

@ _____

@ AUG 08 2007

@ _____

@ CONSERVATION DIVISION

@ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

ALLIED CEMENTING CO., INC. 14405

Federal Tax I.D.

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

SERVICE POINT:

At Bond

DATE <i>3-22-05</i>	SEC. <i>31</i>	TWP. <i>16</i>	RANGE <i>13</i>	CALLED OUT <i>2:30AM</i>	ON LOCATION <i>5:00AM</i>	JOB START <i>6:15AM</i>	JOB FINISH <i>2:00AM</i>
LEASE <i>Carter</i>	WELL # <i>3</i>	LOCATION <i>2 Sward 2W, 2S, 1/2 E, N/S</i>			COUNTY <i>Barton</i>	STATE <i>Ks</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Vonfeldt*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4"* T.D. *405'*

CASING SIZE *8 5/8"* DEPTH *401'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15'*

PERFS. _____

DISPLACEMENT *2 1/2" 11/15*

OWNER *Same*

CEMENT

AMOUNT ORDERED *250 lbs Common, 39 cc, 29 gal*

COMMON	_____	@	_____
POZMIX	_____	@	_____
GEL	_____	@	_____
CHLORIDE	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
HANDLING	_____	@	_____
MILEAGE	_____	@	_____

EQUIPMENT

PUMP TRUCK CEMENTER *Tom D*

181 HELPER *Don Dimitt*

BULK TRUCK

341 DRIVER *Steve T*

BULK TRUCK

_____ DRIVER _____

TOTAL _____

REMARKS:

Run 401' of 8 5/8 cas. Broke Circulation.

Mixed 250 lbs Common, 39 cc, 29 gal

Released Plug. Replaced with fresh H₂O.

Cement Add Circulate

Don

SERVICE

DEPTH OF JOB *401'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG *1- 8 5/8 TWP* @ _____

_____ @ _____

_____ @ _____

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KANSAS CORPORATION COMMISSION
TOTAL
AUG 08 2007

CHARGE TO: *GLM Co.*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT
CONSERVATION DIVISION
WICHITA, KS

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment
and furnish cementer and helper to assist owner or

TOTAL _____