

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 31739
 Name: Iuka/Carmi Development, LLC.
 Address: P.O. Box 847
 City/State/Zip: Pratt, KS 67124
 Purchaser: Oneok
 Operator Contact Person: Kenneth C. Gates, Manager
 Phone: (620) 672-2531
 Contractor: Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Jerry Smith
 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. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>08/07/04</u> | <u>08/18/04</u> | <u>11/20/04</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

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API No. 15 - 007-22829-00-00
 County: Barber
 N/2 SE NW Sec. 25 Twp. 32 S. R. 10 East West
1650' feet from S (circle one) Line of Section
1980' feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hendricks Well #: 1
 Field Name: Little Sandy Creek
 Producing Formation: Mississippi
 Elevation: Ground: 1425' Kelly Bushing: 1438'
 Total Depth: 4979' Plug Back Total Depth: 4979'
 Amount of Surface Pipe Set and Cemented at 266 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)
Act with 8-20-04
 Chloride content 23000 ppm Fluid volume 1500 bbls
 Dewatering method used reserve pit
 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: Kenneth C. Gates
 Title: Manager Date: 12-16-04
 Subscribed and sworn to before me this 16 day of December
20 04
 Notary Public: Amy Robertson
 Date Commission Expires: _____

AMY S. ROBERTSON
 Notary Public - State of Kansas
 My Appt. Expires 3/13/08

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Iuka/Carmi Development, LLC. Lease Name: Hendricks Well #: 1
 Sec. 25 Twp. 32 S. R. 10 East West County: Barber

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 Top Datum

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| 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# | 266' | 70/30 Poz | 200 | 3%cc 2% gel |
| Production | 7 7/8" | 5 1/2" | 15.5# | 4896' | 50/50 Poz | 195 | 10% salt 5#gil |
| | | | | | | | |

| 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 | 4347'-57' BP@4784' | Acidized w/ 500 gas-15%, pumped 50 gal per/ft | 4347'-57' |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run |
|--|-----------|--|-------------|---------------|---|
| | | 2 3/8" | 4441' | TA @ 4297' | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. | | Producing Method <input type="checkbox"/> Flowing <input checked="" 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 |
| | | 100 | 20 | | |

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 _____

ALLIED CEMENTING CO., INC.

17857

Federal Tax I.D. # 27 2361

REM IT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Great Bend

| | | | | | | | |
|--|----------------|----------------|---|---------------------------|-------------------------|-----------------------|------------------------|
| DATE <i>8-7-04</i> | SEC. <i>25</i> | TWP. <i>32</i> | RANGE <i>10 W</i> | CALLED OUT <i>8:00 AM</i> | ON LOCATION <i>Noon</i> | JOB START <i>3:00</i> | JOB FINISH <i>4:00</i> |
| LEASE <i>Headrick's</i> WELL # <i>#1</i> | | | LOCATION <i>Sharon - 3 1/2 East on Blk.</i> | | COUNTY <i>WABER</i> | STATE <i>KS</i> | |
| OLD OR <u>NEW</u> (Circle one) | | | <i>Top - South into</i> | | | | |

CONTRACTOR *Duke #9*

TYPE OF JOB *Surf Face Pipe*

HOLE SIZE *12 1/4* T.D. *266'*

CASING SIZE *8 5/8* DEPTH *265'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT *31'*

CEMENT LEFT IN CSG. *Approx 31'*

PERFS.

DISPLACEMENT *15 BBL'S*

OWNER *Tuba/Carmi Development*

CEMENT AMOUNT ORDERED *200.5x 70/30 39 c/c*
0.29 gel

| | | | | |
|----------|------------|---|--------------|----------------|
| COMMON | <i>140</i> | @ | <i>7.85</i> | <i>1099.00</i> |
| POZMIX | <i>60</i> | @ | <i>4.10</i> | <i>246.00</i> |
| GEL | <i>4</i> | @ | <i>11.00</i> | <i>44.00</i> |
| CHLORIDE | <i>6</i> | @ | <i>33.00</i> | <i>198.00</i> |
| ASC | | @ | | |

EQUIPMENT

PUMP TRUCK CEMENTER *Jack*

620 HELPER *J.D.*

BULK TRUCK DRIVER *Lonnie*

341 DRIVER

BULK TRUCK DRIVER

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| | | | | |
|----------|-------------------|---|-------------|----------------------|
| HANDLING | <i>210</i> | @ | <i>1.35</i> | <i>283.50</i> |
| MILEAGE | <i>2101.05x 8</i> | | <i>min.</i> | <i>150.00</i> |
| | | | | TOTAL <i>2020.50</i> |

REMARKS:
Run 8 jbs of 8 5/8 csg-cement with 200 cc cement - Displace plug with 15 BBL'S of fresh water Cement down 20' in collar -

Thanks

SERVICE

| | | | | |
|-------------------|----------|---|-------------|---------------------|
| DEPTH OF JOB | | | | |
| PUMP TRUCK CHARGE | | | | <i>570.00</i> |
| EXTRA FOOTAGE | | @ | | |
| MILEAGE | <i>8</i> | @ | <i>4.00</i> | <i>32.00</i> |
| | | | | TOTAL <i>602.00</i> |

CHARGE TO: *Tuba/Carmi Development*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

| | | | | |
|-----------------------------|--|---|--------------|--------------------|
| MANIFOLD | | @ | | |
| <i>1-8 5/8 Wood</i> | | @ | <i>55.00</i> | <i>55.00</i> |
| <i>1-8 5/8 Baffle Plate</i> | | @ | <i>M/c</i> | |
| | | | | TOTAL <i>55.00</i> |

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 *[Signature]*

PRINTED NAME