

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

ORIGINAL

Operator: License # 33269
Name: Central Operating, Inc.
Address: 1600 Broadway, Suite #1050
City/State/Zip: Denver, CO 80202
Purchaser: N/A Dry Hole
Operator Contact Person: P.A. BREW
Phone: (303) 894-9576
Contractor: Name: Murfin Drilling CO.
License: 30606
Wellsite Geologist: Alan Downing

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. _____
2-9-05 2-15-05 Dry Hole
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15- 051-25384-00-00
County: Ellis

E/2 - SE - NW - NE Sec. 11 Twp. 13 S. R. 18 East West
990' feet from S (N) (circle one) Line of Section
1450' feet from (E) W (circle one) Line of Section

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

Lease Name: Staab Well #: 1
Field Name: Ubert

Producing Formation: Arbuckle Objective
Elevation: Ground: 2158' Kelly Bushing: 2163'

Total Depth: 3800' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 219' 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 ALT II PER WITHIN 7-24-07
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____

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: [Signature]
Title: President Date: 3-29-05
Subscribed and sworn to before me this 29th day of March
2005
Notary Public: [Signature]
Date Commission Expires: 2/28/2009

KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Central Operating, Inc. Lease Name: Staab Well #: 1
 Sec. 11 Twp. 13 S. R. 18 East West County: Ellis Kansas

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: FLI CDNC/GR - SONIC
Dual Induction - Microlog

<input checked="" type="checkbox"/> Log - Formation, (Top), Depth and Datum			<input type="checkbox"/> Sample
Name	Top	Datum	
Top Anhydrite	1428	+ 735	
Base	1464	+ 699	
Topeka	3168	-1055	
Heebner	3404	-1241	
Toronto	3426	-1263	
LKC	3454	-1291	
BKC	3676	-1513	
	3696	-1533	

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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	New 24#	219'	60-40 Poz	160	Comm 3% CC and 2% Gel

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed 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 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS		METHOD OF COMPLETION		PRODUCTION INTERVAL	
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.
(If vented, Sumit ACO-18.)			<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Commingled	



ALLIED CEMENTING CO., INC. 19439

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

ORIGINAL
SERVICE POINT:
Russell

DATE <u>2-9-05</u>	SEC. <u>11</u>	TWP. <u>13</u>	RANGE <u>18</u>	CALLED OUT <u>5:00PM</u>	ON LOCATION <u>8:00PM</u>	JOB START <u>11:00AM</u>	JOB FINISH <u>11:30PM</u>
LEASE <u>STAAR</u>	WELL # <u>1</u>	LOCATION <u>HAYS N. TO. ELLIS CO.</u>		COUNTY <u>ELLIS</u>	STATE <u>KANSAS</u>		
OLD OR <u>NEW</u> (Circle one)		<u>Feeders (3 mile) 1 1/2 E</u>					

CONTRACTOR MURFIN &
TYPE OF JOB SURFACE
HOLE SIZE 12 1/4 T.D. 219'
CASING SIZE 8 5/8 DEPTH 219'
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 15'
PERFS. _____
DISPLACEMENT 13/BBL
EQUIPMENT _____
PUMP TRUCK # 366 CEMENTER GARY
HELPER Shane
BULK TRUCK # 213 DRIVER GARY
DRIVER _____

OWNER _____
CEMENT AMOUNT ORDERED 160 Com 2% GEL 3% CC
COMMON 160 @ 8.30 1328.00
POZMIX @ _____
GEL 3 @ 13.00 39.00
CHLORIDE 5 @ 36.00 180.00
ASC @ _____
RECEIVED @ _____
MAR 31 2005 @ _____
KCC WICHITA @ _____
HANDLING 168 @ 1.55 252.00
MILEAGE 5.5/SK/MILE 304.92
TOTAL 2103.92

REMARKS:

Cement

THANKS

CHARGE TO: CENTRAL OPERATING
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ 625.00
EXTRA FOOTAGE @ _____
MILEAGE 3.3 @ 45.00 148.50
MANIFOLD @ _____
TOTAL 773.50

PLUG & FLOAT EQUIPMENT

8 5/8 WOODCOX1 55.00
@ _____
@ _____
@ _____
@ _____
@ _____
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 Larry Pickner

LARRY PICKNER
PRINTED NAME

ALLIED CEMENTING CO., INC. 19443

ORIGINAL

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

SERVICE POINT:

Russell

DATE <u>2-15-05</u>	SEC. <u>11</u>	TWP. <u>13</u>	RANGE <u>18</u>	CALLED OUT <u>8:00am</u>	ON LOCATION <u>9:15am</u>	JOB START <u>10:00am</u>	JOB FINISH <u>12:45pm</u>
LEASE <u>STAAB</u>	WELL # <u>1</u>	LOCATION <u>HAY'S 3N 2E 1/4 S</u>		COUNTY <u>ELLI'S</u>	STATE <u>KANSAS</u>		
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR MURFIN #8

TYPE OF JOB ROTARY Plug

HOLE SIZE 7 7/8 T.D. 3800

CASING SIZE 8 5/8 SURFACE DEPTH 219'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 X-H DEPTH 3660'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 215 SK ⁶⁹ 1/40 69 gel

1/4 # FLO-SEAL

PER SK

COMMON	<u>129</u>	@	<u>8.30</u>	<u>1,070.20</u>
POZMIX	<u>86</u>	@	<u>4.50</u>	<u>387.00</u>
GEL	<u>11</u>	@	<u>13.00</u>	<u>143.00</u>
CHLORIDE		@		
ASC		@		
<u>Flo Seal 53#</u>		@	<u>1.00</u>	<u>84.80</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>226</u>	@	<u>1.50</u>	<u>339.00</u>
MILEAGE	<u>.055/SK/mi</u>			<u>410.19</u>
TOTAL				<u>2434.69</u>

EQUIPMENT

PUMP TRUCK CEMENTER _____

366 HELPER _____

BULK TRUCK

222 DRIVER Craig - KEITH

BULK TRUCK

_____ DRIVER _____

RECEIVED

MAR 31 2005

KCC WICHITA

REMARKS:

- 25 SK @ 3660
- 25 SK @ 1445
- 100 SK @ 765
- 40 SK @ 270
- 10 SK @ 40 dwiper Plug
- 15 SK @ RATHOLE

THANKS

CHARGE TO: CENTRAL OPERATING INC.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE			<u>620.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>33</u>	@	<u>4.50</u> <u>148.50</u>
MANIFOLD	@		
	@		
	@		
TOTAL <u>768.50</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Dry Hole plug</u>			<u>35.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>35.00</u>			

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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 Phil Wedorski

PHil Wedorski
PRINTED NAME