

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

**CONFIDENTIAL**

**ORIGINAL**

Operator: License # 4058  
Name: American Warrior Inc.  
Address: P.O. Box 399  
City/State/Zip: Garden City Ks. 67846  
Purchaser: NCRA  
Operator Contact Person: Jody Smith  
Phone: (620) 272-1023  
Contractor: Name: American Eagle Drilling  
License: ~~33439~~ 33493  
Wellsite Geologist: Alan Downing

API No. 15 - 163-23464 - 00-2D  
County: Roots  
C NW SW NW Sec. 7 Twp. 10 S. R. 20  East  West  
1400', FNL feet from S / N (circle one) Line of Section  
330', FWL feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Tucker Well #: 3-7

Field Name: Cooper  
Producing Formation: Arbuckle

Elevation: Ground: 2246' Kelly Bushing: 2252'  
Total Depth: 3960' Plug Back Total Depth: 3912'

Amount of Surface Pipe Set and Cemented at 219' Feet  
Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 1748' Feet

If Alternate II completion, cement circulated from 1748'  
feet depth to surface w/ 150 sx cmt.

**Drilling Fluid Management Plan** *ACT # with 8-13-07*  
(Data must be collected from the Reserve Pit)  
Chloride content 11,000 ppm Fluid volume 200 bbls  
Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name:

Lease Name: License No.:

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Docket No.:

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic)

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. \_\_\_\_\_

7/14/05 7/19/05 8/4/05

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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**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: Foreman Date: 8/12/05

Subscribed and sworn to before me this 12th day of August

2005

Notary Public: [Signature]

Date Commission Expires: 11/4/07

**DEBRA J. PURCELL**  
Notary Public - State of Kansas  
My Appt. Expires 11/4/07

**KCC Office Use ONLY**

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

X

**CONFIDENTIAL**

Side Two

**KCC**  
AUG 12 2005

**ORIGINAL**

Operator Name: American Warrior Inc. Lease Name: Tucker Well #: 3-7  
Sec. 7 Twp. 10 S. R. 20  East  West County: Rooks

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anh	1736'	+519
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/Anh	1778'	+477
List All E. Logs Run:		Topeka	3290'	-1035
		Heebner	3492'	-1239
		Lansing	3532'	-1277
		B/KC	3757'	-1502
		Arbuckle	3836	-1581

Dual Induction, Sonic, Porosity, Mico and Bond.

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	121/4"	85/8	23#	219'	Common	150	3%cc,2%gel
Production	77/8	51/2	14#	3918'	Standerd	150	1/4#Flocele,CFR-2

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				

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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)	
		Amount	Depth
4	3837' to 3840'		
4	3845' to 3849'	1500 gal 15% FE.	

TUBING RECORD	Size <u>23/8</u>	Set At <u>3910'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	------------------	---------------------	-----------	---

Date of First, Resumerd Production, SWD or Enhr. <b>NA</b>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <b>NA</b>	Gas Mcf <b>None</b>	Water Bbls. <b>NA</b>	Gas-Oil Ratio	Gravity
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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: \_\_\_\_\_



Services, Inc.

ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_

№ 8469

PAGE 1 OF 1

1. SERVICE LOCATIONS: *WKS 105*

2. *WKS 105*

3. *WKS 105*

4. REFERRAL LOCATION

WELL/PROJECT NO. *3-7* LEASE *Tucker* COUNTY/PARISH *Rooks* STATE *Ks* CITY \_\_\_\_\_ DATE *07-29-05* OWNER \_\_\_\_\_

TICKET TYPE  SERVICE  SALES CONTRACTOR \_\_\_\_\_ RIG NAME/NO. *VC Well Serv.* SHIPPED VIA *C.T.* DELIVERED TO *3620 SW into Roca Ws* ORDER NO. \_\_\_\_\_

WELL TYPE *Dil* WELL CATEGORY *Develop* JOB PURPOSE *CMT, Port Collar* WELL PERMIT NO. \_\_\_\_\_ WELL LOCATION \_\_\_\_\_

INVOICE INSTRUCTIONS \_\_\_\_\_

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #105	40		m		4.00	160.00
578		1			Pump Service	1		cc		1250.00	1250.00
330	<b>KCC</b> AUG 17 2005 <b>CONFIDENTIAL</b>	2			SMD Cement	150		Sbs		10.50	1575.00
276		2			Flocele	38		lbs		1.00	38.00
581		2			Service Chg CMT	150		Sbs		1.10	165.00
583		2			Drayage	299.56		Tm		1.00	299.56
104		1			Port Collar Tool Rental	1		log	5 1/2 in	250.00	250.00

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**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

*x. Joe Smith* *JW DAE*

DATE SIGNED *07-29-05* TIME SIGNED *0845*  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3,737.56
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

*Rooks TAX 5.3%* 98.74

TOTAL 3836.30

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES** The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *DAE*

APPROVAL \_\_\_\_\_

Thank You!

JOB LOG

**CONFIDENTIAL**

SWIFT Services, Inc.

**ORIGINAL**

DATE 07-29-05 PAGE NO.

CUSTOMER <i>American Vector</i>	WELL NO. <i>3-7</i>	LEASE <i>Tecker</i>	JOB TYPE <i>CMT Port Collar</i>	TICKET NO. <i>8469</i>
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0845</i>							<i>ONLOCATION, Stop, Discuss Job</i> <i>5 1/2 csg 2 3/8 Tg</i> <i>Port Collar @ 1748</i> <i>150000 (sim) 1/4" / 1/4" scale</i>
								<b>KCC</b> <b>AUG 12 2005</b>
	<i>0918</i>		<i>.7</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>1000</i>	<i>1000</i>	<i>Test csg</i>
	<i>0923</i>	<i>2.0</i>	<i>2.0</i>		<input checked="" type="checkbox"/>		<i>200</i>	<i>Open P.C.</i>
								<i>Hook up to Tg</i>
	<i>0925</i>	<i>3.0</i>	<i>0</i>	<input checked="" type="checkbox"/>		<i>200</i>		<i>Start CMT @ 11.2 #/scf</i>
		<i>3.0</i>	<i>3</i>	<input checked="" type="checkbox"/>		<i>350</i>		<i>Circ out 8 5/8</i>
		<i>3.0</i>	<i>40</i>	<input checked="" type="checkbox"/>		<i>450</i>		
		<i>3.0</i>	<i>60</i>	<input checked="" type="checkbox"/>		<i>450</i>		
		<i>3.0</i>	<i>72</i>	<input checked="" type="checkbox"/>		<i>450</i>		<i>Start to Circ CMT St. Mixing 14.0 # CMT</i>
		<i>2.5</i>	<i>77</i>	<input checked="" type="checkbox"/>		<i>450</i>		<i>end CMT</i>
	<i>0950</i>	<i>2.5</i>	<i>0</i>	<input checked="" type="checkbox"/>		<i>450</i>		<i>Start Disp</i>
			<i>5.6</i>	<input checked="" type="checkbox"/>		<i>450</i>		<i>end Disp close in Valve</i>
								<i>close P.C.</i>
	<i>0955</i>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>1000</i>	<i>1000</i>	<i>Test P.C. Holding</i>
								<i>Run 4 Joints Rev. out</i>
	<i>1025</i>	<i>2.5</i>	<i>0</i>		<input checked="" type="checkbox"/>		<i>150</i>	
			<i>5.5</i>					<i>1st. Fks</i>
			<i>6.5</i>					
			<i>8.5</i>					<i>2nd. Fks</i>
			<i>9.2</i>					
		<i>2.5</i>	<i>15</i>				<i>150</i>	<i>end Rev. out</i>
								<i>WASHUP</i>
								<i>Backup</i>
								<i>Tickets</i>
	<i>1045</i>							<i>Job Complete</i>
								<i>Thank You!</i> <i>Doc. Blaine, Stone</i>

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# ALLIED CEMENTING CO., INC.

21549

## CONFIDENTIAL

# KCC

## ORIGINAL

PO. BOX 31  
RUSSELL, KANSAS 67665

AUG 12 2005

SERVICE POINT  
Russell

DATE <u>7/13/05</u>	SEC. <u>7</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALL NO. <u>10:15pm</u>	ON LOCATION <u>10:15pm</u>	JOB START <u>11:00pm</u>	JOB FINISH <u>11:30pm</u>
LEASE <u>Tucker</u>	WELL # <u>3-7</u>	LOCATION <u>Palco 15 1w 25</u>		COUNTY <u>ROCK</u>	STATE <u>KS</u>		

CONTRACTOR American Eagle Drilling OWNER \_\_\_\_\_

TYPE OF JOB Surface 50'

HOLE SIZE 12 1/4 T.D. 224

CASING SIZE 8 1/2 20" DEPTH 219

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 17

CEMENT	AMOUNT ORDERED	<u>150</u>	CON.	<u>38.00</u>
	<u>25.00 gal.</u>			
COMMON	<u>150</u>	@	<u>8.70</u>	<u>1305.00</u>
PO7MIX		@		
GEL	<u>3</u>	@	<u>14.00</u>	<u>42.00</u>
CHLORIDE	<u>5</u>	@	<u>38.00</u>	<u>190.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>150</u>	@	<u>1.60</u>	<u>252.80</u>
MILEAGE	<u>6.95</u>	@	<u>72.00</u>	<u>606.72</u>
				<b>TOTAL</b> <u>2,396.52</u>

EQUIPMENT

PUMP TRUCK # 366 CEMENTER Shane HELPER Fred

BULK TRUCK # 396 DRIVER Keith

BULK TRUCK # \_\_\_\_\_ DRIVER \_\_\_\_\_

REMARKS:

Cement Circ!

CHARGE TO: American Warrior Inc

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE 670.00

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 6.1 @ 5.00 320.00

MANIFOLD @ \_\_\_\_\_

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TOTAL 990.00

KCC WICHITA BOAT EQUIPMENT

@ \_\_\_\_\_

@ \_\_\_\_\_

8 1/2 Wood Ply @ 55.00

@ \_\_\_\_\_

@ \_\_\_\_\_

TOTAL 55.00

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.

Thanks,  
SIGNATURE Jon [Signature]

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME Don Aronow



CHARGE TO: *American Warrior Inc*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET No 8519

PAGE 1 OF 2

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SERVICE LOCATIONS 1. <i>Hays, KS</i>	WELL/PROJECT NO. <i>3-7</i>	LEASE <i>Tucker</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>KS</i>	CITY <i>Hays</i>	DATE <i>7-19-05</i>	OWNER <i>Sam</i>
2. <i>Ness City, KS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>American Eagle</i>	RIG NAME/NO.	SHIPPED VIA <i>et</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cement Logging</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<i>575</i>		<i>1</i>			<i>MILEAGE #103</i>	<i>50</i>	<i>mi</i>			<i>4.00</i>	<i>200.00</i>	
<i>578</i>		<i>1</i>			<i>Pump Charge Logging</i>	<i>1</i>	<i>ea</i>	<i>39</i>		<i>12.50</i>	<i>1250.00</i>	
<i>281</i>		<i>1</i>			<i>Mud Flush</i>	<i>500</i>	<i>gal</i>			<i>.75</i>	<i>375.00</i>	
<i>221</i>		<i>1</i>			<i>KCL Liquid</i>	<i>2</i>	<i>gal</i>			<i>25.00</i>	<i>50.00</i>	
<i>407</i>		<i>1</i>			<i>Insert Float Shoe</i>	<i>1</i>	<i>ea</i>	<i>5 1/2"</i>		<i>230.00</i>	<i>230.00</i>	
<i>406</i>		<i>1</i>			<i>L.D. Plug + Baffle</i>	<i>1</i>	<i>ea</i>	<i>5 1/2"</i>		<i>200.00</i>	<i>200.00</i>	
<i>402</i>		<i>1</i>			<i>Contractor</i>	<i>8</i>	<i>ea</i>	<i>5 1/2"</i>		<i>55.00</i>	<i>440.00</i>	
<i>403</i>		<i>1</i>			<i>Buckets</i>	<i>2</i>	<i>ea</i>	<i>5 1/2"</i>		<i>155.00</i>	<i>310.00</i>	
<i>404</i>		<i>1</i>			<i>Port Collar</i>	<i>1</i>	<i>ea</i>	<i>5 1/2"</i>		<i>180.00</i>	<i>180.00</i>	

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*  
 DATE SIGNED *7-19-05* TIME SIGNED *2100*  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL 1	<i>4855.00</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				Page 2	<i>2414.45</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	<i>7069.45</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Rooks TAX 5.3%	<i>278</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	<i>7548</i>
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CUSTOMER DID NOT WISH TO RESPOND		

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AUG 12 2005  
 KCC

ORIGINAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Nick Korbe* APPROVAL

Thank You!

JOB LOG.

**CONFIDENTIAL**

SWIFT Services, Inc.

**ORIGINAL**

DATE 7-19-05 PAGE NO. 7

CUSTOMER  
Americon

WELL NO. 3-7

LEASE Tucker

JOB TYPE Cement long string

TICKET NO. 8519

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1615							<p><b>KCC</b>                      on loc                      5 1/2 x 15.5" x 14" x 3918' x 10'                      @ent 4, 5, 7, 9, 11, 13, 49                      Baskets Bottom 2, 50                      P.C. Top 50 @ 1747'</p>
	1730							ST FE
	1750							Breakcirc
	2015	2	4					Plug RH
	<del>2020</del>							
	2020	4	0				200	start Pre-flashes <sup>seal</sup> Mud Flush 20 bbl KCC flush
	2027	6	32/0				300	start cement
	2032		32					end cement wash P+L Drop Plug
	2035	6	0				100	start displacement
	2052		93				600/1300	Land Plug Release pressure Plat held

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Thank you  
 Nick, Dan, & Shane

