

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15073239050000

County Greenwood

75' N - 130' W of
-NW - SW - NW Sec. 24 Twp. 23 Rge. 10E

Operator: License # 5930

3375 Feet from (S)W (circle one) Line of Section

Name: Franklin D. Gaines

4750 Feet from (E)W (circle one) Line of Section

Address P.O. Box 219

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

Augusta, KS 67010

Lease Name Burkett C Well # 38

City/State/Zip _____

Field Name Burkett

Purchaser: Plains

Producing Formation Bartlesville

Operator Contact Person: Earl Brothers

Elevation: Ground _____ KB 1250

Phone (316) 678-3493

Total Depth 2145 PBDT _____

Contractor: Name: C & G Drilling

Amount of Surface Pipe Set and Cemented at 204 Feet

License: 32701

Multiple Stage Cementing Collar Used? Yes X No

Wellsite Geologist: Dean Seeber

If yes, show depth set _____ Feet

Designate Type of Completion
 New Well Re-Entry Workover

If Alternate II completion, cement circulated from _____

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AH I EIH 6/27/02
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows

Operator: STATE CORPORATION COMMISSION

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening _____ Re-perf. _____

Plug Back _____ PBDT _____

Com. angled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

11/8/00 11/14/00 12-23-2001
Spud Date Date Reached TD Completion Date

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Dorothy Hubbert
Title Agent for Operator Date 2-5-01

Subscribed and sworn to before me this 5th day of February

Notary Public Brenda Maier

BRENDA MAIER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-14-2003

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
Distribution
_____ KCC _____ SWD/Rep _____ NGPA
_____ KGS _____ Plug _____ Other (Specify)

Operator Name Franklin D. Gaines
 Sec. 24 Twp. 23 Rge. 10
 East
 West

Lease Name Burkett C Well # 38
 County Greenwood

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<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	Geological Report attached	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E.Logs Run:			

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	# Sacks Used	Type and Percent Additives
Surface	12½	8-5/8		214	Class A	110	3 sx cc
Longstring	7-7/8	5½		2145	60/40 Poz	175	3 sx 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 Inj.	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
DELAYED		

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	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: _____

SERVICE TICKET

UNITED CEMENTING & ACID CO., INC ORIGINAL

2365

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 11-11-00 COUNTY Greenwood

CHG. TO: Franklin D. Gains Oil Trust ADDRESS

CITY STATE ZIP

LEASE & WELL NO. Burkett C-38 SEC. TWP. RNG.

CONTRACTOR C+G Drlg TIME ON LOCATION 8:30A

KIND OF JOB Surface Casing

SERVICE CHARGE: No 450.00

QUANTITY	MATERIAL USED	TYPE	
110 st	Class A	@ 5.70	627.00 x
3 st	Calcium Chloride	@ 26.00	78.00 x
113 st	BULK CHARGE	@ .89	100.57 x
508 doz	BULK TRK. MILES (5.50 tons x 66 x 18 miles)	mi @	85.00 x
18	PUMP TRK. MILES one way @ 200 per mile		36.00
	PLUGS Done		
	SALES TAX		52.54
	TOTAL		1429.11

T. D. 214' CSG. SET AT 214' VOLUME

SIZE HOLE 12 1/4 RECEIVED STATE CORPORATION COMMISSION FEB - 6 2001

MAX. PRESS. SIZE PIPE 8 5/8

PLUG DEPTH Cement @ 194' PERK DEPTH

PLUG USED TIME FINISHED 10:00A

REMARKS: Ran 8 5/8 to 214' - Break Circulation - Rig up to Cement pump - Mix + Pump 110 st Class A 3% CC - Displace Cement to 194' + Shut In!

Cement Did Circulate!

EQUIPMENT USED NAME Chel Johnson UNIT NO. 14 NAME UNIT NO. 7

Neal [Signature] CEMENTER OR TREATER OWNER'S REP.

GENERAL TERMS AND CONDITIONS

All prices are exclusive of any Federal, State or Special Taxes for the sale or use of merchandise or service listed. The amount of taxes required to be paid by the seller shall be added to the quoted prices payable by the buyer.

Unless satisfactory credit has been established, cash payment will be required in advance.

We will make reasonable attempt to get to and from the well under our own power. Should we be unable to do so because of poor or inadequate road conditions, and it becomes necessary to employ a tractor or other pulling equipment, such equipment will be supplied by the customer, or if furnished by us, the cost will be charged to the customer.

We endeavor to design and maintain our equipment to safely service properly drilled and conditioned wells. We carry public liability and property damage insurance, but as there are so many uncertain and unknown conditions not subject to control, we can neither be liable for injuries to property or persons nor for loss or damage arising from the performance of our services or resulting therefrom.

In the event equipment or tools are lost in rendering our services, the customer agrees to make reasonable attempt to recover same. If not recovered, customer agrees to reimburse us for their value.

If a material service is ordered and the customer cancels same after the solution has been prepared, a charge will be made to the customer for the expenses incurred.

Unless otherwise specified, a dead haul charge of \$1.25 per mile, one way, will be made for each service unit ordered but not used.

All prices are subject to change without notice.

All unpaid bills are subject to interest after 60 days from date of invoice.

SERVICE TICKET
UNITED CEMENTING & ACID CO., INC.

ORIGINAL 4311

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 11-14-00 COUNTY Greenwood
 CHG. TO Franklin D. Gaines Oil Trust ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 LEASE & WELL NO. Buckett C 38 SEC. _____ TWP. _____ RNG. _____
 CONTRACTOR C + G. Rely TIME ON LOCATION 11:30 A
 KIND OF JOB Production Casing
 SERVICE CHARGE: _____ NW 720.02

QUANTITY	MATERIAL USED	TYPE	
175 st	60/40 pap	@ 4.70 scul.	822.50 *
3 st	Gal	@ 9.50 scul.	28.50 *
1	5 1/2 A.F.U. Float Shoe		152.00 *
178 st	BULK CHARGE	@ .894	158.42 *
45 18	BULK TRK. MILES	9 hrs x 1.66 x 45 18 mi.	100.92 *
18	PUMP TRK. MILES	200 per mi. x 18 mi One-way	360.00 *
1	PLUGS 5 1/2 Top Rubber		51.00 *
	SALES TAX		79.97
	TOTAL		2,155.33

T. D. 2145 STATE CORPORATION COM. 2143 VOLUME _____
 SIZE HOLE 7718 FEB - 6 2001 TBG SET AT _____ VOLUME _____
 MAX. PRESS. 1000 SIZE PIPE 5 1/2 Used

PLUG DEPTH 2143 CONSERVATION DIVISION, OKER DEPTH _____
 PLUG USED Top Rubber TIME FINISHED 7:30 P

REMARKS: Ran 5 1/2 Csg to 2145' - Pump Ball Through AFU + Circulate Jet Csg @ 2143' - Mix + Pump 175 st 60/40 pap + 26 Gal - Wash out Pump + Line - Release plug, + 1/2 line - Start Disp - Plug 5 1/2' Cement @ Shoe - Plug @ 2000' PSI 450# - Bump Plug to 1000# @ 2143' - Release PSI - Float Shoe did not Hold - Report to 300# Shut In.

EQUIPMENT USED

NAME <u>Chet Johnson</u>	UNIT NO. <u>14</u>	NAME <u>Jim Thomas</u>	UNIT NO. <u>7</u>
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Neal V. Cope CEMENTER OR TREATER OWNER'S REP.

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