

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30993
 Name: M.A.E. RESOURCES, INC
 Address: P.O. BOX 304
 City/State/Zip: PARKER, KS 66072
 Purchaser: CMT, INC
 Operator Contact Person: TERRY JOHNSON
 Phone: (913) 898-3221
 Contractor: Name: BILL McPHERSON DRILLING
 License: 5495
 Wellsite Geologist: BRAD COOK
 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. _____

Spud Date or Recompletion Date	<u>3/29/2006</u> Date Reached TD	<u>3/29/2006</u> Completion Date or Recompletion Date
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API No. 15 - 001 29339-00-00
 County: ALLEN
 SW SW NE SW Sec. 19 Twp. 23 S. R. 20 East West
1540 feet from (S) N (circle one) Line of Section
3740 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: JON CONLEY Well #: 17
 Field Name: IOLA
 Producing Formation: SQUIRREL
 Elevation: Ground: N/A Kelly Bushing: N/A
 Total Depth: 703 Plug Back Total Depth: 703
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 103
 feet depth to SURFACE w/ 78 sx cmt.
ATZ-DG - 5/22/08

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content NONE ppm Fluid volume 150 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.: _____

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: 5-14-08
 Subscribed and sworn to before me this 14 day of May
20 08
 Notary Public: [Signature]
 Date Commission Expires: 9-13-08

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 19 2008
 CONSERVATION DIVISION
 WICHITA, KS

NOTARY PUBLIC - STATE OF KANSAS
 REBECCA L. JOHNSON
 My Appt. Exp. 9-18-08

Operator Name: M.A.E. RESOURCES, INC Lease Name: JON CONLEY Well #: 17
 Sec. 19 Twp. 23 S. R. 20 East West County: ALLEN

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ Top _____ Datum _____ Topsoil/Shale _____ Shale/Lime _____ Sand/Oil Sand _____ <div style="text-align: center; font-size: 1.2em; font-weight: bold;"> DRILLERS LOG NOT AVAILABLE </div>
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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	10 1/4"	7"	N/A	20'	PORTLAND	4	N/A
PRODUCTION	5 5/8"	2 7/8"	N/A	712	OWC	78	FLO-SEAL

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	663.5 TO 680	4500 LBS 12-20 SAND	651.5-668
		6300 GAL CITY WATER	

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Resumed Production: SWD or Enhr. Producing Method Flowing Pumping Gas Lift 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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 19 2008

CONSERVATION DIVISION
WICHITA, KS

