

CONFIDENTIAL

**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 7/21/08

Operator: License # 30129
Name: EAGLE CREEK CORPORATION
Address: 150 N. MAIN SUITE 905
City/State/Zip: WICHITA, KS 67202
Purchaser: _____
Operator Contact Person: DAVE CALLEWAERT
Phone: (316) 284-8044
Contractor: Name: SOUTHWIND DRILLING COMPANY
License: 33350
Wellsite Geologist: DAVE CALLEWAERT

KCC
JUL 21 2007
CONFIDENTIAL

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____
07-06-2007 07-12-2007 07-12-2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 167-23441-0000
County: RUSSELL
APPRC: W/2 SW Sec. 28 Twp. 13 S. R. 13 East West
1320 feet from S N (circle one) Line of Section
500 feet from W E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: DEMEL Well #: 1-28
Field Name: THACKER
Producing Formation: _____
Elevation: Ground: 1819 Kelly Bushing: 1827
Total Depth: 3260 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at 444' 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 DA NH 8-25-08
(Data must be collected from the Reserve Pit)
Chloride content 2500 ppm Fluid volume 2000 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: _____
Title: PRESIDENT Date: 07/16/2007
Subscribed and sworn to before me this 16 day of July
20 07
Notary Public: Vicci L. Lortz
Date Commission Expires: 6-20-11

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION

VICCI L. LORTZ
Notary Public - State of Kansas
My Appt. Expires 6-20-11

JUL 24 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: EAGLE CREEK CORPORATION Lease Name: DEMEL Well #: 1-28
 Sec. 28 Twp. 13 S. R. 13 East West County: RUSSELL

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)

Log Sample
 Formation (Top), Depth and Datum
 Name Top Datum
 ANHYDRITE 795 +1032
 TOPEKA 2695 -870
 HEEBNER 2927 -1100
 LANSING 2991 -1164

List All E. Logs Run:

**DUAL INDUCTION, SONIC,
 NEUTRON/DENSITY**

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	12.25"	8.625"	23#/FT	444	POZMIX	290	3% GEL, 2% CC

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, Resumerd 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

7/21/08



EAGLE CREEK CORPORATION

July 21, 2007

Kansas Corporation Commission
130 S. Market Room 2078
Wichita, KS 67202

KCC
JUL 21 2007
CONFIDENTIAL

Re: Demel #1-28
API #15-167-23441-0000
Sec 28, T13S, R13W
Russell County, Kansas

Dear Sirs,

Enclosed please find the original and two copies of the ACO-1 for the captioned hole, a copy of the electric logs and geological report, a copy of the DST report, a copy of the cementing tickets and form CP-4, the well plugging record. Please hold this information confidential for 12 months as allowed by KCC regulation.

Please let me know if additional data is needed. Thanks for your assistance.

Very truly yours,
Eagle Creek Corporation

Dave Callewaert
President

DLC:SC
Encl.

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 24 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

31689

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

SERVICE POINT:
Russell

DATE <u>7-7-07</u>	SEC. <u>28</u>	TWP. <u>13</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>10:45 am</u>
LEASE <u>Demel</u>	WELL # <u>1-26</u>	LOCATION <u>Russell Hwy 40 2E</u>	COUNTY <u>Russell</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>			<u>1 1/2 N Einto</u>				

CONTRACTOR Southern Drilling Rig #3 OWNER _____

TYPE OF JOB Surface Sol

HOLE SIZE 12 1/4 T.D. 444 CEMENT AMOUNT ORDERED 290 6% 3% cc 28611

CASING SIZE 8 5/8 21" DEPTH 444

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 27 1/4 661

EQUIPMENT

PUMP TRUCK CEMENTER Steve

366 HELPER John

BULK TRUCK _____

362 DRIVER Chris Howell

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Cement Circ!

CHARGE TO: Eagle Creek

STREET _____

CITY _____ STATE _____ ZIP _____

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 Jay Davis

COMMON	<u>174</u>	@	<u>11.40</u>	<u>1931.40</u>
POZMIX	<u>116</u>	@	<u>6.20</u>	<u>719.20</u>
GEL	<u>5</u>	@	<u>16.60</u>	<u>83.25</u>
CHLORIDE	<u>9</u>	@	<u>46.60</u>	<u>419.40</u>
ASC	<u>KCC</u>	@		
	<u>JUL 21 2007</u>	@		
	<u>CONFIDENTIAL</u>	@		
		@		
		@		
		@		
		@		
HANDLING	<u>304</u>	@	<u>1.90</u>	<u>577.60</u>
MILEAGE	<u>94/sk</u>	@	<u>1.50</u>	<u>250.00</u>
TOTAL				<u>3900.85</u>

SERVICE

DEPTH OF JOB			<u>650.00</u>
PUMP TRUCK CHARGE			
EXTRA FOOTAGE		@	
MILEAGE	<u>4</u>	@	<u>6.00</u>
MANIFOLD		@	
		@	
TOTAL			<u>674.00</u>

PLUG & FLOAT EQUIPMENT

		@	
		@	
<u>8 3/8 Wood Plug</u>		@	<u>60.00</u>
		@	
TOTAL			<u>60.00</u>

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

RECEIVED
KANSAS CORPORATION COMMISSION

PRINTED NAME _____

JUL 24 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 21938

MIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>7-12-07</u>	SEC. <u>28</u>	TWP. <u>13</u>	RANGE <u>13</u>	CALLED OUT	ON LOCATION	JOB START <u>8:30am</u>	JOB FINISH <u>9:30am</u>
LEASE <u>Demel</u>		WELL # <u>1-28</u>		LOCATION <u> Hwy 40 Russell Pioneer RD.</u>		COUNTY <u>Russell</u>	STATE <u>KANSAS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)				<u>2 1/2 N 1/4 E INTO</u>			

CONTRACTOR SOUTHWIND Drly. Rig #3 OWNER _____

TYPE OF JOB ROTARY Plug

HOLE SIZE 7 7/8 T.D. 3260'

CASING SIZE 8 5/8 SURFACE DEPTH 444'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 X-H DEPTH @ 860

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 130 SK 60 / 40 69 label
1/4 # FIO-SEAL PER SK

COMMON	<u>78</u>	@	<u>11.00</u>	<u>858.00</u>
POZMIX	<u>52</u>	@	<u>6.20</u>	<u>322.40</u>
GEL	<u>7</u>	@	<u>16.65</u>	<u>116.55</u>
CHLORIDE		@		
ASC		@		
<u>Floated</u>	<u>33#</u>	@	<u>2.00</u>	<u>66.00</u>
	KCC	@		
	<u>JUL 21 2007</u>	@		
	CONFIDENTIAL	@		
HANDLING	<u>137</u>	@	<u>1.90</u>	<u>260.90</u>
MILEAGE	<u>94/SK/MI</u>	@		<u>250.00</u>
TOTAL				<u>1811.05</u>

EQUIPMENT

PUMP TRUCK CEMENTER Gleny

398 HELPER GARY

BULK TRUCK DRIVER CHUCK

410

BULK TRUCK DRIVER _____

REMARKS:

25 SK @ 8.10

60 SK @ 4.90

10 SK @ 4.00 + Plug

15 SK @ PAT HIR

THANKS

CHARGE TO: EAGLE Creek Corporation

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>815.00</u>
EXTRA FOOTAGE	@		
MILEAGE	<u>7</u>	@	<u>6.00</u> <u>42.00</u>
MANIFOLD	@		
	@		
TOTAL <u>857.00</u>			

PLUG & FLOAT EQUIPMENT

<u>8 5/8 WOODEN WIPER Plug</u>	<u>35.00</u>
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL <u>35.00</u>	

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 Jay Klier

PRINTED NAME _____

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 24 2007

KANSAS

CORPORATION COMMISSION

Kathleen Sebelius, Governor Thomas E. Wright, Chairman Michael C. Moffet, Commissioner Joseph F. Harkins, Commissioner

August 18, 2008

EAGLE CREEK CORPORATION
150 N MAIN STE 905
WICHITA, KS 67202-1317

RE: API Well No. 15-167-23441-00-00
DEMEL 1-28
W2SW, 28-13S-13W
RUSSELL County, Kansas

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 20 2008

CONSERVATION DIVISION
WICHITA, KS

Dear Operator:

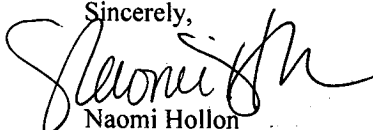
An affidavit of completion form (ACO-1) on the above referenced well was received on July 24, 2007. Technical review finds that the ACO-1 is incomplete. The information requested below, or an amended/corrected ACO-1, must be submitted by September 05, 2008. Only the current ACO-1 form will be accepted (Form ACO-1, Rev. 9-99), and only the lines marked below apply.

- | | |
|---|---|
| <input type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> We do not accept fax copies. | <input checked="" type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,


Naomi Hollon
Production Department

TRILOBITE
MIS MARKED
TICKETS

This is Demel
test info 1-28