

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 # 32639
Name: CORAL PRODUCTION CORP.
Address: 1600 STOUT ST, SUITE 1500
City/State/Zip: DENVER, CO 80202
Purchaser: N.C.R.A.
Operator Contact Person: JIM WEBER
Phone: (303) 623-3573
Contractor: Name: DISCOVERY DRILLING CO., INC.
License: 31548
Wellsite Geologist: TIM LAUER
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. _____
09/10/05 09/15/05 09/16/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 185-23326-00-00
County: STAFFORD
180' - W - C - E/2 Sec. 36 Twp. 21 S. R. 14 East West
2640 feet from S N (circle one) Line of Section
1500 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MCGINTY Well #: 3
Field Name: MCGINTY
Producing Formation: ARBUCKLE
Elevation: Ground: 1920' Kelly Bushing: 1928'
Total Depth: 3753.5' Plug Back Total Depth: OPEN HOLE CMPL
Amount of Surface Pipe Set and Cemented at 353 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 AH. I SB 8-21-08
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 240 bbls
Dewatering method used HAUL FREE FLUIDS
Location of fluid disposal if hauled offsite:
Operator Name: JOHN J. DORAH
Lease Name: ANSHUTZ #2 SWD License No.: 5088
Quarter NE Sec. 15 Twp. 21 S. R. 14 East West
County: STAFFORD Docket No.: D-17893

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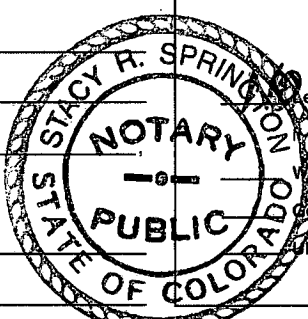
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jim B. Weber
Title: PRESIDENT Date: 10/5/05
Subscribed and sworn to before me this 5 day of OCT
05
Notary Public: Stacy R. Spring
Date Commission Expires: 2/1/2009

KCC Office Use ONLY

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



Operator Name: CORAL PRODUCTION CORP. Lease Name: MCGINTY Well #: 3
 Sec. 36 Twp. 21 S. R. 14 East West County: STAFFORD

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 HEEBNER 3272' -1345'
 LANSING 3405' -1478'
 BKC 3322' -1695'
 ARBUCKLE 3747' -1820'

DUAL INDUCTION LOG 3753'-0'
 DENSITY NEUTRON 3753'-2750'
 MICRO LOG 3753'-2750'

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CASING RECORD <input type="checkbox"/> New <input checked="" 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 1/4"	8 5/8"	23	353'	COMM	320	3% CC, 2% GEL
PRODUCTION	7 7/8"	5 1/2"	14	3750'	ASC	125	

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
	NATURAL COMPLETION	OPEN HOLE 3750'-3753.5'	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	3724		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" 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
	30				

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

ORIGINAL

ALLIED CEMENTING CO., INC.

22705 ✓

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

SERVICE POINT:

St Bend

9-9-05

9-10-05

DATE <u>9-10-05</u>	SEC. <u>36</u>	TWP. <u>21</u>	RANGE <u>14</u>	CALLED OUT <u>9:00 PM</u>	ON LOCATION <u>11:00 PM</u>	JOB START <u>11:45 PM</u>	JOB FINISH <u>12:30 AM</u>
LEASE <u>McGarity</u>	WELL # <u>3</u>	LOCATION <u>Seward 1/2 W, 1/2 N, WLS</u>			COUNTY <u>Stafford</u>	STATE <u>K</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Discovery #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 358'

CASING SIZE 8 5/8" 23# DEPTH 357'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 2 1/2 bbls

OWNER Same

CEMENT

AMOUNT ORDERED 320 lb Common, 390cc 290 #1

EQUIPMENT

PUMP TRUCK CEMENTER Tom D

120 HELPER Jayson D

BULK TRUCK

344 DRIVER Marilyn S

BULK TRUCK

_____ DRIVER _____

COMMON	<u>320 lb</u>	@ <u>8.70</u>	<u>2784.00</u>
POZMIX		@	
GEL	<u>6 gal</u>	@ <u>14.00</u>	<u>84.00</u>
CHLORIDE	<u>10 gal</u>	@ <u>38.00</u>	<u>380.00</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>336 gal</u>	@ <u>1.60</u>	<u>537.60</u>
MILEAGE	<u>336 gal 06</u>	<u>14</u>	<u>282.24</u>
TOTAL			<u>4067.84</u>

REMARKS:

Ran 357' of 8 5/8" casing - Broke circulation
Mixed 320 lb Common 390cc 290 #1
Released Plug. Displaced with fresh
H₂O.
Cement did circulate

SERVICE

DEPTH OF JOB	<u>357'</u>		
PUMP TRUCK CHARGE			<u>670.00</u>
EXTRA FOOTAGE	<u>57'</u>	@ <u>.55</u>	<u>31.35</u>
MILEAGE	<u>14</u>	@ <u>5.00</u>	<u>70.00</u>
MANIFOLD		@	
		@	
		@	

CHARGE TO Coral Production

STREET _____

CITY _____ STATE _____ ZIP _____

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TOTAL 771.35

KCC WICHITA PLUG & FLOAT EQUIPMENT

<u>1-8 5/8" Twp</u>	@ <u>.55</u>	<u>55.00</u>
	@	
	@	
	@	
	@	
TOTAL		<u>55.00</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 Thomas AL

SIGNATURE Thomas AL
 PRINTED NAME