

**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

Operator: License # 5010  
Name: Knighton Oil Company, Inc.  
Address: 221 S. Broadway, Suite 710  
City/State/Zip: Wichita, Kansas 67202  
Purchaser: N/A  
Operator Contact Person: Earl M. Knighton, Jr.  
Phone: ( 316 ) 264-7918  
Contractor: Name: Express well Service & Supply  
License: 6426

Wellsite Geologist: \_\_\_\_\_  
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: Transwestern Oil Company  
Well Name: Solomon #1

Original Comp. Date: 9/6/1937 Original Total Depth: 3636  
\_\_\_\_ 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. \_\_\_\_\_

<u>9/15/2005</u>	<u>9/23/2005</u>
Spud Date or	Completion Date or
Recompletion Date	Recompletion Date
Date Reached TD	

API No. 15 - 051-06015-00-01  
County: Ellis  
NE NE NW NE Sec. 33 Twp. 11 S. R. 19  East  West  
330 feet from S /  (N) (circle one) Line of Section  
2310 feet from E /  (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE  (NW) SW  
Lease Name: Solomon Well #: #1-A  
Field Name: Solomon

Producing Formation: N/A  
Elevation: Ground: 2125 Kelly Bushing: 2130  
Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 355 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 PFA SB 8-21-08  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: **RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
Operator Name: \_\_\_\_\_ **OCT 04 2005**  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_ **CONSERVATION DIVISION**  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ **WICHITA, KS**  
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: Earl M. Knighton Jr.  
Title: President Date: October 4, 2005

Subscribed and sworn to before me this 4th day of October

20 05  
Notary Public: David D. Montague

Date Commission Expires: 10-4-07

**KCC Office Use ONLY**

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

**DAVID D. MONTAGUE**  
Notary Public - State of Kansas  
My Appt. Expires 10-4-07

Operator Name: Knighthon Oil Company, Inc. Lease Name: Solomon Well #: #1-A  
Sec. 33 Twp. 11 S. R. 19  East  West County: Ellis

**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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth
		<b>RECEIVED</b> <b>KANSAS CORPORATION COMMISSION</b> <b>OCT 04 2005</b> <b>CONSERVATION DIVISION</b> <b>WICHITA, KS</b>	

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) Junk in hole, P&A

Production Interval \_\_\_\_\_

ORIGINAL

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\* I N V O I C E \*  
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Allied Cementing Co., Inc  
P.O. Box 31  
Russell, KS 67665

Invoice Number: 098666

Invoice Date: 09/29/05

Sold Knighton Oil Co., Inc.  
To: 710 Petroleum Bldg.  
221 S. Broadway  
Wichita, KS  
67202

Cust I.D.....: Knight  
P.O. Number...: Soloman 1-A  
P.O. Date.....: 09/29/05

Due Date.: 10/29/05  
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	60.00	SKS	8.7000	522.00	T
Pozmix	40.00	SKS	4.7000	188.00	T
Gel	10.00	SKS	14.0000	140.00	T
Hulls	4.00	SKS	21.0000	84.00	T
Handling	114.00	SKS	1.6000	182.40	T
Mileage	43.00	MILE	6.8400	294.12	T
114 sks @.06 per sk per mi					
Plug	1.00	JOB	600.0000	600.00	T
Mileage pmp trk	43.00	MILE	5.0000	215.00	T

All Prices Are Net, Payable 30 Days Following	Subtotal:	2225.52
Date of Invoice. 1 1/2% Charged Thereafter.	Tax.....:	117.95
If Account CURRENT take Discount of \$ <u>222.55</u>	Payments:	0.00
ONLY if paid within 30 days from Invoice Date	Total....:	2343.47

RECEIVED  
KANSAS CORPORATION COMMISSION  
OCT 04 2005  
CONSERVATION DIVISION  
WICHITA, KS

# ALLIED CEMENTING CO., INC. ORIGINAL 25726

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

SERVICE POINT:

Russell

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
9-27-05					9:00am	9:30am	10:45am
LEASE <u>Sebman</u>		WELL # <u>1-A</u>	LOCATION <u>Yocemento Rd 1 Buckeye Rd</u>	COUNTY <u>Ellis</u>	STATE <u>Kansas</u>		
OLD OR NEW (Circle one)			<u>3. N Winto</u>				

CONTRACTOR Express Well Service  
 TYPE OF JOB Old Hole Plug  
 HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_  
 CASING SIZE 7" DEPTH \_\_\_\_\_  
 TUBING SIZE 2 3/8" DEPTH \_\_\_\_\_  
 DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
 CEMENT LEFT IN CSG. \_\_\_\_\_  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_

OWNER \_\_\_\_\_  
 Used 100 sks 94 Hulls  
 CEMENT  
 AMOUNT ORDERED 150 sks 60/40 1080 gel  
400# Hulls

EQUIPMENT  
 PUMP TRUCK CEMENTER Steve  
 # 345 HELPER Craig  
 BULK TRUCK  
 # 396 DRIVER Doug  
 BULK TRUCK  
 # \_\_\_\_\_ DRIVER \_\_\_\_\_

**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**OCT 04 2005**  
**CONSERVATION DIVISION**  
**WICHITA, KS**

COMMON	<u>60</u>	@	<u>8.70</u>	<u>522.00</u>
POZMIX	<u>40</u>	@	<u>4.70</u>	<u>188.00</u>
GEL	<u>10</u>	@	<u>14.00</u>	<u>140.00</u>
CHLORIDE		@		
ASC		@		
<u>Hulls</u>	<u>4</u>	@	<u>21.00</u>	<u>84.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>114</u>	@	<u>1.60</u>	<u>182.40</u>
MILEAGE	<u>64/5k/mile</u>			<u>294.12</u>
				TOTAL <u>1,410.52</u>

**REMARKS:**

1st Plug @ 090' 30 sks + 2 Hulls  
2nd Plug @ 405' 40 sks + 2 Hulls  
3rd Plug @ 30' 10 sks

**SERVICE**

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>600.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>43</u>	@	<u>5.00</u>	<u>215.00</u>
MANIFOLD		@		
		@		
		@		

CHARGE TO: Knights Oil  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 815.00

**PLUG & FLOAT EQUIPMENT**

	@			
	@			
	@			
	@			
	@			

TOTAL \_\_\_\_\_

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 Sam Wew

PRINTED NAME \_\_\_\_\_