

**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 # 33487
Name: Orbit Energy, L.L.C.
Address: 4801 Woodway Suite 305W
City/State/Zip: Houston, TX 77056
Purchaser: _____
Operator Contact Person: Yazmin Leyva
Phone: (713) 355-7000
Contractor: Name: C & G
License: 32701
Wellsite Geologist: Bob Hopkins

**RECEIVED
MAR 16 2006
KCC WICHITA**

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. _____

<u>1/23/06</u>	<u>1/26/06</u>	<u>2/6/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 049-22431-00-00
County: ELK
SW NE NW Sec. 29 Twp. 30 S. R. 11 East West
740 feet from S N (circle one) Line of Section
945 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MT 29 Well #: 2
Field Name: WC
Producing Formation: Mississippi
Elevation: Ground: 967 Kelly Bushing: 7
Total Depth: 1925 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 46 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 41922
feet depth to Surface w/ 50 150 sx cmt.

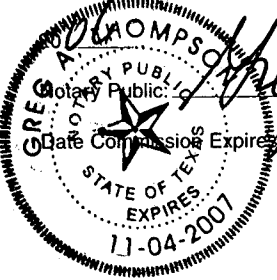
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

Alt 2 - Dlg - 9/25/08

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: Director of Operations Date: 3/14/06
Subscribed and sworn to before me this 14 day of March



KCC Office Use ONLY

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

Operator Name: Orbit Energy, L.L.C. Lease Name: MT 29 Well #: 2
 Sec. 29 Twp. 30 S. R. 11 East West County: ELK

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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Porosity log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>layton sd.</u> Top <u>984</u> Datum Miss. <u>1830</u>
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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
	12 1/4	8 5/8	23	46	Class A	50	
	7 7/8	4 1/2	10.50	1909	60/40 Thick Set	399	

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
2	1832-1840	350 Gls. 15%	

TUBING RECORD		Size <u>2 3/8</u> Set At <u>1892</u>	Packer At	Liner Run <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 Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio Gravity

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

Shut-in well

RECEIVED
 MAR 16 2006
 KCC WICHITA

ED OIL WELL SERVICES, INC.

TICKET NUMBER 8242

884, CHANUTE, KS 66720

LOCATION Eureka

31-9210 OR 800-467-8676

FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-27-06		MT 29 (Lake Creek #14) #2	29	30s	11E	EIK
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Orbit Energy			446	Scott		
MAILING ADDRESS			441	Rick P.		
4801 Woodway Ste 305 West			479	Colin		
CITY	STATE	ZIP CODE	436	Larry		
Houston	Tx	77056				

C.G.
D.B.CO
Rig 1

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 1930' CASING SIZE & WEIGHT 4 1/2" - 10.5 lb
 CASING DEPTH 1922' DRILL PIPE KB TUBING OTHER
 SLURRY WEIGHT 13° 13' SLURRY VOL 103 Bbls WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 30 1/2 Bbls DISPLACEMENT PSI 600 PSI 1100 Bump Plug RATE 4 BPM

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation with 15 Bbls fresh water.
 Mixed 150 sks 60/40 Pozmix cement w/ 6% Gel, 4" P/SK of KOI SEAL, 1/8" P/SK of Flocele @ 13° 16' P/GAL (yield 1.6)
 Tailin with 200 sks Thick Set cement w/ 5" P/SK of KOI SEAL, 1/8" P/SK of Flocele @ 13° 16' P/GAL (yield 1.6)
 Shut down - wash out pump lines - Release Plug - Displace Plug with 30 1/2 Bbls water.
 Final pumping @ 600 PSI - Bump Plug to 1100 PSI - wait 2 minutes - Release Pressure
 Float Held - close casing w/ 0 PSI - Good cement returns to surface w/ 17 Bbl slurry
 Job complete - Tear down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	30	MILEAGE		
1131	150 SKS	60/40 Pozmix Cement		
1118 A	15 SKS	Gel 6%		
1110 A	12 SKS	KOI SEAL 4" P/SK		
1107	1 SK	Flocele 1/8" P/SK		
1126 A	200 SKS	Thick Set cement		
1110 A	20 SKS	KOI SEAL 5" P/SK		
1107	1 SK	Flocele 1/8" P/SK		
5407A	17.5 Ton	30 miles - Bulk Trucks		
5502 C	4 Hrs	80 Bbl VAC Truck		
1123	3000 GAL	City water		
4161	1	4 1/2" AFU Float shoe		
4129	4	4 1/2" x 7" Centralizers		
4310	6	4 1/2" Scratches		
4404	1	4 1/2" Top Rubber Plug		
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION Green Timble

TITLE _____

DATE _____