

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 # 33677
 Name: Canary Operating Corporation
 Address: 7230 W. 162nd Street, Suite A 165° N of C
 City/State/Zip: Stilwell, KS 66085
 Purchaser: _____
 Operator Contact Person: Steve Allee
 Phone: (913) 239-8960
 Contractor: Name: RLC Drilling, Inc
 License: 33799
 Wellsite Geologist: Rex R. Ashlock
 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>10/30/06</u>	<u>11/14/06</u>	<u>11/22/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28222 0000
 County: Miami
 W/2 E/2 NW/4 Sec. 18 Twp. 16 S. R. 25 East West
1155 feet from S / N (circle one) Line of Section
1650 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Deer Well #: 11-18-16-25
 Field Name: Louisburg
 Producing Formation: Lexington, Summit, & Mulky
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 640 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 21.5 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 503
 feet depth to surface w/ 148 sx cmf.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) *Alt II w/ hr 12-10-07*
 Chloride content NA ppm Fluid volume 200 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: COO For Canary Operating Corporation
 Date: 11-27-06
 Subscribed and sworn to before me this 27th day of November
20 06
 Notary Public: [Signature]
 Date Commission Expires: 1/10/2009

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

REX R. ASHLOCK
 Notary Public - State of Kansas
 My Appt. Exp. 1/10/09

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Operator Name: **Canary Operating Corporation** Lease Name: **Deer** Well #: **11-18-16-25**
 Sec. **18** Twp. **16** S. R. **25** East West County: **Miami**

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 checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:				

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	13 1/2"	10 3/4"	NA	22'	Portland	9	None
Production	9 7/8"	7"	16	503	60/40 Poz Mix	148	2#/sx gel 1/4#/sx 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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
None	Open hole completed from 503 to 640'	None	
		150' of 4 1/2" perf'd liner set on btm	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		1" to be set at 620' +/-		None	<input checked="" type="checkbox"/> Yes
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
W. O. gas, electric, & wtr lines		<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
	None	NA	NA	None	

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) _____

To be sold

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DRILLER'S LOG

WELL: DEER #11-18-16-25
1150 FNL, 1650 FWL
SECT. 18-T16S-R25E
MIAMI CO., KS
API #15-121-28222

SPUD: 10/30/06
SURF. CSG: 20' OF 10 3/4", 10 SX
PROD CSG: 7" SET AT 503'
RTD: 640' (11/14/06)

SOIL	3	SH LIMY-SNDY	530
LS	46	LS	540
SH	90	SH	546
LS	103	BLK SH	549
SH W/ LIMY STKS	129	LS	558
LS	133	SH	568
BLK SH	136	BLK SH & COAL	574
SH W/ SND STKS	173	SH SILTY-SNDY	640
LS	185	TOTAL DEPTH	640
SH	198		
LS	226		
BLK SH	231		
LS	252		
BLK SH	256		
LS	268 (B. KC)		
SILTY SH	320		
SH SNDY	344		
SH	367		
V SNDY SH	377		
SH	407		
BLK SH	410		
SAND HD	424		
SH V SNDY	430		
SH SILTY-SNDY	456		
LS, BLK SH STKS	474		
LS	484		
V SNDY SH	490		
DK SH	501		
LS HD	505		
BLK SH & COAL	509		

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DEC 07 2007

CONSERVATION DIVISION
WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
20-431-9210 OR 800-467-8676

TICKET NUMBER 08941
LOCATION Ottawa KS
FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/1/06	2642	Deer # 11	18	16	25	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Canary Operating Corp			506	Fred Maden		
MAILING ADDRESS			495	Casey		
7230 West 162nd St A			503	Ken Ham		
CITY	STATE	ZIP CODE	505-7106	Max Mad		
Stilwell	KS	66085				

JOB TYPE Longstring HOLE SIZE 9 7/8 HOLE DEPTH 506' CASING SIZE & WEIGHT 7"
 CASING DEPTH 505' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 21.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Establish Circulation Mix + Pump 100# Premium Gel
Flush Mix + Pump 14 BBL Telltale dye ahead of 157 sks
60/40 Por Mix 2 7/8 Gel 1/2# Flo Seal per sack Displace
Casing clean with 20.5 BBL Fresh water, Shut in
Casing.
 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 495		800.00
5406	40 mi	MILEAGE Pump Truck 495		126.00
5407	Minimum	Ton Mileage 503		270.00
5501 C	4 hrs	Transport 505-7106		392.00
1131	148 sks	60/40 Por Mix Cement		1383.40
1118B	360 #	Premium Gel		50.40
1107	38 #	Flo Seal		68.40
		Sub Total		3095.60
		Tax @ 6.55%		98.42
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		SALES TAX		
		ESTIMATED TOTAL		3194.02

AUTHORIZATION _____

TITLE W# 210365

DATE _____