

**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 # 33581
 Name: Curtis E. Breckon
 Address: 108 Quail Creek Lane
 City/State/Zip: Skiatook, OK 74070
 Purchaser: None
 Operator Contact Person: Curtis E. Breckon
 Phone: (918) 396-0877
 Contractor: Name: Curtis E. Breckon
 License: 33581
 Wellsite Geologist: Curtis E. Breckon
 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. _____

10/13/2005	10/13/2005	11/25/2005
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 003-24272-0000
 County: Anderson
 NW SE SW Sec. 26 Twp. 22 S. R. 19 East West
900 feet from (S) N (circle one) Line of Section
1720 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Strickler Well #: 1
 Field Name: Colony-Welda
 Producing Formation: None - well was dry spud only
 Elevation: Ground: 1020 Kelly Bushing: none
 Total Depth: 2 Plug Back Total Depth: 2
 Amount of Surface Pipe Set and Cemented at none 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
 (Data must be collected from the Reserve Pit) *WJH 12-11-07*
 Chloride content 0 ppm Fluid volume 0 bbls
 Dewatering method used Dry spud - no water or drilling mud used
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____ **RECEIVED**
 Lease Name: _____ License No. DEC 13 2005
 Quarter _____ Sec. _____ Twp. _____ S. R. East West
 County: _____ Docket No. **KCC WICHITA**

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: Curtis E. Breckon
 Title: Geoscientist Date: 12/07/2005
 Subscribed and sworn to before me this 7th day of Dec.
 20 05.
 Notary Public: William M. Spicer
 Date Commission Expires: July 20, 2009

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

**WILLIAM M. SPICER — NOTARY PUBLIC
 COUNTY OF NATRONA STATE OF WYOMING
 MY COMMISSION EXPIRES JULY 20, 2009**

ORIGINAL

Operator Name: Curtis E. Breckon Lease Name: Strickler Well #: 1
 Sec. 26 Twp. 22 S. R. 19 East West County: Anderson

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Soil</td> <td>0</td> <td>GL</td> </tr> <tr> <td>TD in soil</td> <td>2</td> <td>GL</td> </tr> </table> Abandoned dry spud Pulled conductor pipe Filled hole with soil	Name	Top	Datum	Soil	0	GL	TD in soil	2	GL
Name	Top	Datum								
Soil	0	GL								
TD in soil	2	GL								

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
Conductor pipe	20 inch (dry)	16 inch	10	2	none	0	Pulled Conductor

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
None	None	RECEIVED JUN 13 2005 KCC WICHITA	

TUBING RECORD Size <u>None</u> Set At _____ 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 type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours Oil Bbls. <u>0</u> Gas Mcf <u>0</u> Water Bbls. <u>0</u> 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 _____