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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC
AUG 29 2005

CONFIDENTIAL Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

ORIGINAL

Operator: License # 33458
Name: Timothy D. Stewart
Address: 227 W 630 Ave
City/State/Zip: Girard, KS 66743
Purchaser: Private Residential Use
Operator Contact Person: Timothy Stewart
Phone: (620) 724-6012
Contractor: Name: 33072
License: Well Refined Drilling Co., Inc.

Wellsite Geologist: NA
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. _____

8/11/05 8/12/05 8/12/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-037-21731-0000
County: Crawford
NE - NW - NE - Sec. 14 Twp. 29 S. R. 23E East West
220 feet from S (N) (circle one) Line of Section
1621 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Timothy D. Stewart Well #: 14-1
Field Name: Girard

Producing Formation: Mississippian
Elevation: Ground: Unknown Kelly Bushing: NA
Total Depth: 470' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 21' 4" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from bottom casing
feet depth to surface w/ 80 sx cmt.

Drilling Fluid Management Plan ACT II w/ Hm
(Data must be collected from the Reserve Pit) 4-24-07
Chloride content NA 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.: _____

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.

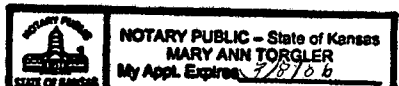
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Timothy D. Stewart
Title: _____ Date: 8-30-05

Subscribed and sworn to before me this 30 day of Aug. 2005.
20 _____

Notary Public: Mary Ann Torgler
Date Commission Expires: 3/8/06

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



X

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Side Two

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AUG 29 2005

ORIGINAL

CONFIDENTIAL

Operator Name: Timothy D. Stewart Lease Name: Timothy D. Stewart Well #: 14-1
Sec. 14 Twp. 29 S. R. 23E East West County: Crawford

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
Driller Log Enclosed

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CASING RECORD <input checked="" 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 (New)	12.25"	8 5/8"	26	21'4"	Portland	30	10 barrells water
Production (Used)	6 3/4"	2 7/8"		446'	Portland	80	1 barrel water

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
				446'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<input checked="" 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
		6 MCF			

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)

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KCC ORIGINAL
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Well Refined Drilling Company, Inc.
4270 Gray Road - Thayer KS 66776
Contractor License # 33072 - FEIN: [REDACTED]
620-763-2619/Office 620-432-6170/Jeff Pocket 620-763-2065/FAX

CONFIDENTIAL SEP 08 2005

KCC WICHITA

HAVE RIG
Rig #2
WILL DIG

S 14	T 29	R 23E
Location NE4, NW NE		
County Crawford		

Rig #	2		
API #	15-037-21731-00-00		
Operator	Timothy D. Stewart		
Address	227 W 630 Ave Girard, Ks 66743		
Well #	14-1	Lease Name	Timothy D. Stewart
Location	220 ft. from N Line	Line	
	1621 ft. from E Line	Line	
Spud Date	8/11/2005		
Date Completed	8/12/2005	TD	470
Geologist			
Casing Record	Surface	Production	
Hole Size	12 1/4"	6 3/4"	
Casing Size	8 5/8"		
Weight			
Setting Depth			
Cement Type	Portland		
Sacks	30	L & S Well Service	
Feet of Casing			

Gas Tests			
Depth	Oz	Orifice	flow - MCF
178			No Flow
203			No Flow
303			No Flow
428			No Flow
453			No Flow
465	15	3/8"	13.9
470	3	3/8"	6.18

05LH-081205-R2-015-Timothy D. Stewart 14-1 - Timothy D. Stewart

Rig Time	Work Performed

Well Log

Top	Bottom	Formation	Top	Bottom	Formation	Top	Bottom	Formation
0	4	OB	357	405	shale			
4	11	clay	405	406	coal			
11	16	shale	406	425	shale			
16	19	lime- 40 gram water	425	426	coal			
19	20	shale	426	461	shale			
20	31	lime	453		Added water to finish hole to be clean. Still dry			
31	35	blk shale	461	462	coal			
35	49	lime	462	468	shale			
49	53	blk shale	468	470	Mississippi lime			
53	163	shale	470		Total Depth			
163	164	coal						
164	199	shale						
199	200	coal						
200	260	shale						
260	262	coal						
262	270	blk shale						
270	356	shale						
356	357	coal						

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L S Well Service, L.L.C # 33374
543 22000 ROAD
CHERRYVALE, KANSAS 67335-8515
620-328-4433 OFFICE

KCC
AUG 29 2005

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ORIGINAL

TICKET NUMBER _____
LOCATION _____
FOREMAN _____

ART 15-037-21731-0000

CEMENT TREATMENT REPORT

DATE <u>8/11</u>	WELL NAME <u>STEWART 14-1</u>		
SECTION <u>14</u>	TOWNSHIP <u>29</u>	RANGE <u>23</u>	COUNTY <u>CRAWFORD</u>
CUSTOMER <u>T. STEWART</u>			
MAILING ADDRESS _____			
CITY _____			
STATE _____		ZIP CODE _____	
TIME ARRIVED ON LOCATION _____			

Hole	Pipe	Annual Volume in Linear Ft./Bl.
6 3/4"	4 1/2"	40.5
6 1/2"	4 1/2"	46
6 1/4"	2 1/2"	33.5
5 1/4"	2 1/2"	53.5
5 1/4"	2"	47
5 1/2"	2 1/2"	41
Tubing-Linear Ft./Bl.		
11"	8 5/8"	15
10"	7"	24
4 1/2"	10.5 lb.	63.1
2 1/2"		170
2"		250

WELL DATA	
HOLE SIZE	<u>1 1/4</u>
TOTAL DEPTH	<u>20</u>
CASING SIZE	<u>8 3/8</u>
CASING DEPTH	
PACKER DEPTH	
WIRE LINE READING BEFORE	
WIRE LINE READING AFTER	

TYPE OF TREATMENT
<input checked="" type="checkbox"/> SURFACE PIPE
<input type="checkbox"/> PRODUCTION CASING
<input type="checkbox"/> SQUEEZE CEMENT
<input type="checkbox"/> PLUG AND ABANDON
<input type="checkbox"/> PLUG BACK
<input type="checkbox"/> MISP. PUMP
<input type="checkbox"/> WASH DOWN
<input type="checkbox"/> OTHER

INSTRUCTIONS PRIOR TO JOB _____

AUTHORIZATION TO PROCEED	TITLE	DATE
HOOKED ONTO <u>4 1/2"</u>	"CASING. ESTABLISHED CIRCULATION WITH <u>10</u>	BARRELS OF WATER,
<u>30</u>	SACKS OF <u>PORTLAND</u>	CEMENT, THEN DROPPED RUBBER PEG, THEN
PUMPED <u>1</u>	BARRELS OF WATER.	

- LANDED PLUG ON BOTTOM AT _____ PSI
- SHUT IN PRESSURE _____
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH _____ SACKS
- SET FLOAT SHOE - SHUT IN

[Signature]
(SIGNATURE)

13
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L S Well Service, L.L.C.# 33374
543 22000 ROAD
CHERRYVALE, KANSAS 67335-8515
620-328-4433 OFFICE

KCC
AUG 29 2005

ORIGINAL

TICKET NUMBER _____
LOCATION _____
FOREMAN _____

CONFIDENTIAL

CEMENT TREATMENT REPORT

DATE <u>8/20/05</u>	WELL NAME		
SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

Hole	Pipe	Annual Volume in Linear Ft./Bl.
6 3/4"	4 1/2"	40.5
6 1/2"	4 1/2"	46
6 1/4"	2 1/2"	33.5
5 1/4"	2 1/2"	53.5
5 1/4"	2"	47
5 1/2"	2 1/2"	41
Tubing-Linear Ft./Bl.		
11"	8 5/8"	15
10"	7"	24
4 1/2"	10.5 lb	63.1
2 1/2"		170
2"		250

WELL DATA	
HOLE SIZE <u>6 3/4"</u>	TOTAL DEPTH <u>470'</u>
CASING SIZE <u>2 1/8"</u>	CASING DEPTH <u>3430'</u>
PACKER DEPTH <u>450'</u>	WIRE LINE READING BEFORE
WIRE LINE READING AFTER	

TYPE OF TREATMENT

- SURFACE PIPE
- PRODUCTION CASING
- SQUEEZE CEMENT
- PLUG AND ABANDON
- PLUG BACK
- MISP. PUMP
- WASH DOWN
- OTHER

INSTRUCTIONS PRIOR TO JOB IRAN 1"
ON BACK SIDE 424

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

HOOKED ONTO 1 "CASING. ESTABLISHED CIRCULATION WITH 1 BARRELS OF WATER, AHEAD, THEN BLENDED 80 SACKS OF PORTLAND CEMENT, THEN DROPPED RUBBER PLUG, THEN RUMPED BARRELS OF WATER.

- LANDED PLUG ON BOTTOM AT _____ PSI
- SHUT IN PRESSURE _____
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH 5 SACKS
- SET FLOAT SHOE - SHUT IN

\$1800.00

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