

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 30211
Name: Coats Energy, Inc
Address P.O. Box 744
Wichita, Ks 67201
City/State/Zip
Purchaser: Cooperative Refining
Operator Contact Person: Casey Coats
Phone (316) 788-5807
Contractor: Name: Cheyenne Well Service
License: 6454
Wellsite Geologist: Mr Donald J. Malone

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: American Energies Corp
Well Name: Wilson #1
Comp. Date 4-22-78 Old Total Depth 454'
 Deepening Re-perf. Conv. to Int. SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
1/11/2001 1/16/2001
Spud Date Date Reached TD Completion Date

API NO. 15- 083-20,587-000 **ORIGINAL**
County Hodgeman
120' S NE NE Sec. 10 Twp. 23S Rge. 24 X W
780 Feet from S (N) (circle one) Line of Section
660 Feet from (E)W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)
Lease Name Wilson Well # 1
Field Name Buckner Creek
Producing Formation Mississippi Dolomite
Elevation: Ground 2287 KB 2299
Total Depth 4555 (new) PBD 4555 (new)
Amount of Surface Pipe Set and Cemented at 375 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 cat.

Drilling Fluid Management Plan OWWO KGR 8/21/07
(Date 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 Rng. E/W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Charles Casey Coats
Title President Date 1/23/2001
Subscribed and sworn to before me this 29th day of JANUARY
2001
Notary Public Garry D. Walker
Date Commission Expires 9/18/2008
GARRY D. WALKER
Notary Public - State of Kansas
My Appt. Expires

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

Operator Name Coats Energy, Inc Lease Name Wilson Well # 1

Sec. 10 Twp. 23S Rge. 24 East West
 County Hodgeman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<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	turned in on previous rework	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E.Logs Run:	workover, not a new well, no additional logs run		

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
original settings 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	12 1/4	8 5/8	24	375	common	225	3%CC, 2%Gel
Production	7 7/8	5 1/2	15.5	4548	50/50Poz	125	10% CC

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
		100 gal 15% DS FE acid 4548-55

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>4539</u>	Packer At <u>none</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
<u>1/17/2001</u>				
Estimated Production Per 24 Hours	Oil <u>7</u> Bbls.	Gas Mcf	Water <u>8</u> Bbls.	Gas-Oil Ratio <u>na</u> Gravity <u>37.6</u>

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	Production Interval
		<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<u>4530-37</u>
		<input type="checkbox"/> Other (Specify) _____	<u>4543-46</u>
			(new) <u>4548-55 OH</u>