

RECEIVED
KANSAS CORPORATION COMMISSION Form ACO-1
September 1999
JUL 24 2006 Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE CONSERVATION DIVISION
WICHITA, KS

Operator: License # 33517
 Name: Kansas Production EQR, LLC
 Address: 15425 N. Freeway, Suite 230
 City/State/Zip: Houston, TX 77070
 Purchaser: Kansas Processing EQR, LLC
 Operator Contact Person: Jeff Stevenson
 Phone: (281) 875-6200
 Contractor: Name: McPherson Drilling
 License: 5675
 Wellsite Geologist: None
 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. _____

3-9-05	3-10-05	4-11-05
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30711 - 00 - 00
 County: Montgomery
SENWSENE Sec. 30 Twp. 33 S. R. 16 East West
1800' feet from S / N (circle one) Line of Section
720' feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Patton Well #: 8-30
 Field Name: Jefferson-Sycamore
 Producing Formation: Weir/Riverton
 Elevation: Ground: 846' Kelly Bushing: _____
 Total Depth: 1253' Plug Back Total Depth: 1249'
 Amount of Surface Pipe Set and Cemented at 23 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from Surface
 feet depth to 1249' w/ 170 _____ sx cmt.
ACT II WHM 7-24-06
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.: _____

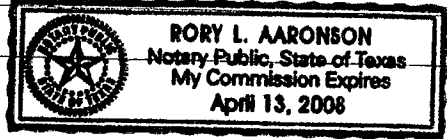
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jeff Stevenson
 Title: Operations Manager Date: 6-29-05

Subscribed and sworn to before me this 29th day of June
2005

Notary Public: _____
 Date Commission Expires: _____



KCC Office Use ONLY

DENY Letter of Confidentiality Received
 If Denied, Yes Date: 11-13-06
YES Wireline Log Received
NO Geologist Report Received
 _____ UIC Distribution

Operator Name: Kansas Production EQR, LLC Lease Name: Patton Well #: 8-30
 Sec. 30 Twp. 33 S. R. 16 East West County: Montgomery

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:

Dual Induction
 Dual Compensation Porosity
 Gamma Ray Cement Bond

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Unknown	810' +36'
	Unknown	886' -40'
	Weir	978.5' -132.5'
	AW Shale	1056' -210'
	Riverton	1196' -350'

CASING RECORD <input 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	11"	8 5/8"	20#	23'	Portland	4	Neat
Production	6 3/4"	4 1/2"	10.5#	1249	CI "A"	170	1/4# Floccle; 10# Gilsomite

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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				

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CONSERVATION DIVISION
 WICHITA, KS

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)	
		Amount and Kind of Material Used	Depth
4	Riverton (1196 - 1199')	4000 #20/40 sd + 500# 12/20 sd + 17,300 gal 10# Gel	1196-1199
4	Weir (978.5' - 982.5')	3800# 20/40 + 3500 # 12/20 sd +21,000 10# Gel	978.5 -982.5

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	1205'	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
4-11-05	<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
	0	0	37	-	-

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: _____

