

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
KANSAS CORPORATION COMMISSION
Form ACO-1
September 1999
NOV 18 2005
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

Operator: License # 32126
Name: Sunfire Energy
Address: PO Box 1761
City/State/Zip: Liberal, KS 67901
Purchaser: SemCrude
Operator Contact Person: Gerald M. Roberts
Phone: (620) 624-7031
Contractor: Name: _____
License: _____
Wellsite Geologist: _____
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: Gamma Resources
Well Name: Kulp 1-33
Original Comp. Date: 3-24-83 Original Total Depth: 6000
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 5660 Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____
Spud Date or Date Reached TD Completion Date or
Recompletion Date 9-19-05 Recompletion Date

API No. 15 - 175-20677-0001
County: Seward
NE. NE. SW. Sec. 33 Twp. 32 S. R. 31 East West
2310 feet from N (circle one) Line of Section
2310 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kulp Well #: 1-33
Field Name: Wildcat
Producing Formation: Basal Chester
Elevation: Ground: 2781 Kelly Bushing: 2798
Total Depth: _____ Plug Back Total Depth: 5660'
Amount of Surface Pipe Set and Cemented at _____ 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 P+A AH 1 NCK
(Data must be collected from the Reserve Pit) 10-10-08
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: Janice Heckman
Title: Janice Heckman, Agent Date: _____
Subscribed and sworn to before me this 17th day of November
20 05
Notary Public: Gladis Gomez-Fornwalt
Date Commission Expires: September 12, 2009

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

NOTARY PUBLIC - STATE OF KANSAS
GLADIS GOMEZ-FORNWALT
My Commission Expires 9-12-09

ORIGINAL

Operator Name: Sunfire Energy Lease Name: Kulp 1-33 Well #: _____
 Sec. 33 Twp. 32 S. R. 31 East West County: Seward

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>All Log Previously Submitted</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ <div style="text-align: center;"> Top RECEIVED Datum KANSAS CORPORATION COMMISSION NOV 18 2005 CONSERVATION DIVISION WICHITA, KS </div>
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CASING RECORD <input 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		13 7/8"		520			
Surface Csg		8 5/8"	26#	1,608			
Production		4 1/2"	10.5#	6030			

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
5768 - 5777	18 holes	CIBP 5850	1450 gals NE ¹⁰⁰ FE	5850
5614 - 18'	8 holes	CIBP 5660'	1400 gals 15% NE FE	5660'
5620 - 26'	12 holes			
5639-43'	8 holes			

TUBING RECORD		Size <u>2 3/8"</u>	Set At _____	Packer At <u>none</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>Workover 9-20-05</u>		Producing Method <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. <u>1/2</u>	Gas Mcf <u>TSTM</u>	Water Bbls. <u>3</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 _____

Production Interval Other (Specify) _____