

**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 # 33097
 Name: Southern Star Central Gas Pipeline
 Address: 4700 Hwy. 56 P.O. Box 20010
 City/State/Zip: Owensboro, Kentucky 42304-0010
 Purchaser: _____
 Operator Contact Person: D. Mark Rouse
 Phone: (270) 852-4490
 Contractor: Name: King's Well Service LLC
 License: 33728
 Wellsite Geologist: Mark Rouse
 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: Thunderbird Drilling Inc./ J. Hershberger
 Well Name: Wellman A-1
 Original Comp. Date: 1962/1964 Original Total Depth: 3585'
 _____ 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. Gas Storage Observation

<u>8/22/2006</u>	<u>8/31/2006</u>	<u>9/21/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 159-00634-00-02
 County: Rice
 _____ SE _____ SE _____ SE Sec. 28 Twp. 21 S. R. 9 East West
330' _____ feet from S / N (circle one) Line of Section
330' _____ feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Wellman Well #: 0-25
 Field Name: Alden Gas Storage
 Producing Formation: Misener Ss.
 Elevation: Ground: 1680' Kelly Bushing: _____
 Total Depth: 3585' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 203' _____ Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 0
 feet depth to 203 _____ w/ 200 _____ sx cmt.

Drilling Fluid Management Plan OWWO KGR 12/7/07
 (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: Hurricane Trucking and Well Service
 Lease Name: Curry Disposal License No.: 32006
 Quarter _____ Sec. 15 Twp. 22 S. R. 11 East West
 County: Greenwood Docket No.: D-26,554

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: D. Mark Rouse
 Title: Staff Geologist Date: 10-30-2006
 Subscribed and sworn to before me this 30th day of October,
2006
 Notary Public: Julley A. Rouse
 Date Commission Expires: 10-30-2009

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Southern Star Central Gas Pipeline Lease Name: Wellman Well #: 0-25
 Sec. 28 Twp. 21 S. R. 9 East West County: Rice

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Lansing Ls.</td> <td>2990'</td> <td></td> </tr> <tr> <td>Kansas City Ls.</td> <td>3284'</td> <td></td> </tr> <tr> <td>Kinderhook Ls.</td> <td>3306'</td> <td></td> </tr> <tr> <td>Misener Ss.</td> <td>3356'</td> <td></td> </tr> <tr> <td>Viola Ls.</td> <td>3448'</td> <td></td> </tr> <tr> <td>Simpson Ss.</td> <td>3499'</td> <td></td> </tr> <tr> <td>Arbuckle Gr.</td> <td>3569'</td> <td></td> </tr> </table>	Name	Top	Datum	Lansing Ls.	2990'		Kansas City Ls.	3284'		Kinderhook Ls.	3306'		Misener Ss.	3356'		Viola Ls.	3448'		Simpson Ss.	3499'		Arbuckle Gr.	3569'	
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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
surface (existing)	10 3/4"	8 5/8"	NA	203'	NA	200	
production (existing)	7 7/8"	4.5"	NA	2537'-3100'	NA	100	
production	7 7/8"	2 3/8"	4.5	3585'	OWC	1100 800	

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
4 shots./ft.	Arbuckle 3568'-3574'		
wireline plug	3546'		
4 shots/ft.	Simpson Ss. 3504'-3512'	375 gallons 7.5% HCL	
wireline plug	3452'		
4 shots/ft.	Misener Ss. 3356'-3366'	375 gallons 7.5% HCL	

TUBING RECORD		Size	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 checked="" type="checkbox"/> Other (Explain)			
Gas Storage Observation					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 _____

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ALLIED CEMENTING CO., INC. 24221

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

Job # 46431

SERVICE POINT:

At Bend

DATE 8-31-06	SEC. 28	TWP. 27	RANGE 9	CALLED OUT 5:00 AM	ON LOCATION 9:30 AM	JOB START 11:30 AM	JOB FINISH 11:30 PM
LEASE Alden		WELL # 0-25		LOCATION Alden 4 1/2 miles to Sterling City		COUNTY Rice	STATE KS
OLD OR NEW (Circle one)				3/4 E, N/1/2			

CONTRACTOR King Well Service
 TYPE OF JOB Production (Cement testing in)
 HOLE SIZE _____ T.D. _____
 CASING SIZE 2 3/4" - (4 1/2") DEPTH _____
 TUBING SIZE 2 3/4" DEPTH 3580'
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1100# MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 14 bbls - Testing
 EQUIPMENT _____

PUMP TRUCK CEMENTER Tom #1
 # 181 HELPER Rick #1
 BULK TRUCK _____
 # 259 DRIVER Steve T
 BULK TRUCK _____
 # _____ DRIVER Brandon

OWNER Southern Star Central Gas Pipeline
 CEMENT AMOUNT ORDERED 600 lbs 6 3/4 4 1/2 - 5 1/2
1000 lb CD-31 4/8 performer - 200 lb ASC 1/2 FL-160
50# Sugar

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL <u>4AL</u>	@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	@	_____	_____
ASC <u>200 ml</u>	@	<u>13.70</u>	<u>2740.00</u>
<u>ALW 600 ml</u>	@	<u>9.95</u>	<u>5970.00</u>
<u>SALT 17.04</u>	@	<u>19.70</u>	<u>230.00</u>
<u>ACD-31 105#</u>	@	<u>7.50</u>	<u>787.50</u>
<u>FL-160 50#</u>	@	<u>10.65</u>	<u>532.50</u>
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
HANDLING <u>852.04</u>	@	<u>1.90</u>	<u>1618.90</u>
MILEAGE <u>852.04</u>	@	<u>.33</u>	<u>2918.34</u>
TOTAL			<u>14,813.34</u>

REMARKS:
Ran 3580' of 2 3/4" tubing. Bands circulation.
Mixed 600 lbs 6 3/4 4 1/2 - 5 1/2 + performer.
200 lb ASC 1/2 FL-160. Washed up. Released.
Plug. Displaced 14 1/2 bbls + banded plug
at 1100#
Cement did not circulate.
lost return
Held pressure for 30 mins.

SERVICE

DEPTH OF JOB <u>3580'</u>	_____	_____
PUMP TRUCK CHARGE	_____	<u>1610.00</u>
EXTRA FOOTAGE	@	_____
MILEAGE <u>33</u>	@	<u>6.10</u> <u>228.00</u>
MANIFOLD	@	_____
_____	@	_____
_____	@	_____
TOTAL		<u>1838.00</u>

CHARGE TO: King Well Service
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
TOTAL		_____	_____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME King Well Service

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TREATMENT REPORT

Acid Stage No.

9-07-06 District GB F. O. No. C030607
 Company KING Well Service
 Name & No. Alden 0-25
 Location Rice Field State KS
 Size 8 7/8 Type & Wt. Set at ft.
 Perforated from ft. to ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Size & Wt. Swung at ft.
 Perforated from ft. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Lead Hole: Bbl./Gal.
 Pump Trucks No. Used: Std. 320 Sp. Twin
 Auxiliary Equipment
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 Date

Representative

Treater A.G. Curtis

m.	TUBING		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				ESTABLISH CIRCULATION
				SPOT 25 SKS @ 745'
				w/ 4% CC
				WAIT 2 HOURS TAG CEMENT
				SPOT 25 SKS PLUG @ 650'
				WAIT OVERNIGHT TO TAG PLUG
				9-08-06
				TAGGED PLUG @ 600'
				CIRCULATE CEMENT w/ 225 SKS
				60/40 4% gel
				PULL 2 1/2" OUT OF HOLE
				TOP OFF w/ 25 SKS
				USED 50 SKS TO TOP OFF 0-13
				TOTAL USED =

Job Complete
 Thank You
 to Curtis

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Customer Order or P. O. Number: **46431**
 Date: **9-20-06** to **9-21-06**
 Location: **Living Judge KS**
 Lease: **Allen Storage**
 Well: **0-25**
 County: **Rice**
 State: **KS**
 Section: **25**
 Township: **21S**
 Range: **9W**
 Formation: **Kings Well Service**

WELL DATA	SIZE	WEIGHT	DEPTH	VOLUME	PERFORATIONS		TREATMENT
					SHOTS FT.	Max. Pressure	
INS	2 7/8	46	3365	13	From	to	1520
ING					From	to	15
JULUS					From	to	500
N HOLE					From	to	720 - Total Fluid Pumped 22 23 24 25

To: Allied Cementing Company, Inc. (ACID)
 You are hereby request to rent acidizing equipment to do work as listed.
 Charge To: **Kings Well Service**
 Street: **P.O. Box 323**
 City: **Russell** State: **OK** Zip: **74603**

TREATMENT INSTRUCTIONS
 I, the undersigned, hereby request ALLIED CEMENTING COMPANY, INC. (ACID) to furnish equipment, services, and materials for acidizing the above well under his supervision as follows:

I, the undersigned, the owner or operator, agree to pay you in accordance with your current price schedule. I, the undersigned, agree to indemnify and hold you harmless from all claims, damages, and expenses, including reasonable attorneys' fees, arising from the use of the equipment and materials furnished by you, whether or not such claims, damages, and expenses are caused in whole or in part by the negligence of the undersigned. This agreement shall not be construed to limit the liability of the undersigned for any negligence or willful or wanton misconduct. I understand you will not be bound by any representation or agreement not herein contained. It is understood you will accept and pay all taxes and withholding thereon and comply with applicable regulations and laws applicable to your business.

X **T. J. ...**
 Owner's Signature

EQUIPMENT AND PERSONNEL

John K	1385
	325

TREATMENT LOG
 Deane Snyder Service Engineer

TIME (M.P.A.)	PRESSURE (TQG)	CSG	TOTAL FLUID PUMPED	FLUID IN FORMATION	PUMPED PER TIME PERIOD	INJECTION RATE	EXPLANATION
30	0		0		9	2.5	on Acid 7 1/2%
34	0		9		14	2.5	on 2 7/8 1/2 Flush
38	500		14				Loaded
40	1000		14.5			.5	Pressure up
42	1250		14.5			.5	Pressure Drop / Increase Pressure
44	1400		14.5			.5	Pressure Drop / Increase Pressure
46	1550		14.5			.5	Pressure Drop / Increase Pressure / Break
48	1600		16			1	Increase Rate
50	700		17			1.75	Increase Rate
52	500		22				Shutdown 5 min. Run in
54	0		0		9	2.5	on Acid 7 1/2%
56	0		9		13	2.5	on 2 7/8 1/2 Flush
58	500		13				Loaded
60	1000		13.5			.5	Pressure up
62	1250		13.5			.5	Pressure Drop / Increase Pressure
64	1350		13.5			.5	Pressure Drop / Increase Pressure
66	1450		14			.5	Break
68	1600		14.5			1	Increase Rate
70	700		16			2	Increase Rate
72	500		22				Shutdown Follow down

Price Reference	Materials Used	Amount	Unit Price	Total Cost
	0-2500 PSI Pump	1	600.00	600.00
	Miscellaneous X 2 Days	120	6.00	720.00
	Pop Valve X 3 Days	3	200.00	600.00
	7 1/2% ACID	750	.95	712.50
	ACI-120	1	210.52	210.52
	ICM System	750	.26	195.00
	SA-120	50	16.45	822.50
	NEW 120	4	25.00	100.00
	CL-120	4	20.95	83.80
	Stand by Time for Pump 9-20-06 8:00-1:00	14	150.00	2100.00
	9-21-06 1:00-2:00			

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