

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5003
Name: McCOY PETROLEUM CORPORATION
Address: 8080 E. CENTRAL, SUITE 300
City/State/Zip: WICHITA, KS 67206
Purchaser: _____
Operator Contact Person: Scott Hampel
Phone: (316) 636-2737
Contractor: Name: POST & MASTIN WELL SERVICE
License: # 8438

Wellsite Geologist: _____
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: NORTHERN PUMP COMPANY
Well Name: BLANCHE KING # 1
Original Comp. Date: 7/24/1968 Original Total Depth: 4810'
____ 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. D28,772

<u>8-30-2006</u>	<u>9-06-2006</u>	<u>9-20-2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 047-20,031-00-03
County: EDWARDS
SW SW ____ Sec. 25 Twp. 26 S. R. 19 East West
660 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:
(circle one) NE SE NW SW
Lease Name: FOX 'A' SWD Well #: 2-25
Field Name: TITUS
Producing Formation: MISSISSIPPIAN
Elevation: Ground: 2221' Kelly Bushing: _____
Total Depth: 4500' Plug Back Total Depth: 4394'
Amount of Surface Pipe Set and Cemented at 415 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 *ALT I WITH 12-11-07*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used STEEL PITS
Location of fluid disposal if hauled offsite: _____
Operator Name: GREENSBURG OILFIELD SERVICES
Lease Name: COPELAND SWD License No.: 32966
Quarter ____ Sec. 29 Twp. 28S S. R. 19 East West
County: KIOWA Docket No.: C-20,041

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: Scott Hampel
Title: VICE PRESIDENT-PRODUCTION Date: 9-28/2006

Subscribed and sworn to before me this 28th day of September

20 06

Notary Public: Meryl L. King
Date Commission Expires: 2-07-2010



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: McCOY, PETROLEUM CORPORATION Lease Name: FOX 'A' SWD Well #: 2-25
 Sec. 25 Twp. 26 S. R. 19 East West County: EDWARDS

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CEMENT BOND LOG	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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	12 1/4"	10 3/4"		415'		400 sx	
PRODUCTION	7 7/8"	5 1/2"		4809'		200 sx	
LINER		4 1/2"		4437'	A-CON	60 sx	

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	OREAD 4016 - 4026'	5000 GAL 15% HCL W/100 BALL SEALERS	
4	OREAD 3982 - 3998'		

TUBING RECORD	Size 2 3/8"	Set At 3960'	Packer At 3964'	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. SWD		Producing Method <input 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

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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REGY SERVICE, INC.'S
 account by the



TREATMENT REPORT

Customer: **McCoy Pet** Lease No. _____ Date: **9-12-06**
 Lease: **Fox A** Well # **2 SWD**
 Field Order # **13960** Station **Pratt** Casing **4 1/2** Depth **4394** County **Edwards** State **KS**
 Type Job **4 1/2 Liner O.W.** Formation _____ Legal Description **25-26s-19w**

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/F 2.18	12.6	Acid 290cc 60sk/A-Con	RATE	PRESS 2000	ISIP	
Depth 4331	Depth PBTD	From	To	Pre-Pad 1.5 Friction Reducer	Max		5 Min.	
Volume 69.1	Volume	From	To	Pad	Min		10 Min.	
Max Press 2000	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush H2O	Gas Volume		Total Load	

Customer Representative **Calvin** Station Manager **D. Scott** Treater **Scott**
 Service Units **228** **303** **571** **128**
 Driver Names **McGuire** **G. Vonfeldt** **Scott**

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1615					On Loc w/ Trks Safety Mtg
					Rig up to 4 1/2 Liner
1630	900		10	2	Est Circ Good Returns
1635	900		23.2	2.5	mix Cmt @ 12.6 ppg 60sk
1645	0		5	3	Close In & Wash Pump & line
1648	600			3	Release Plug & St Disp w/ H2O
1710	1500		60	1.2	Decrease Rate Good Returns
1715	1650		69	0	Plug Down & psi Test Csg
1720	0				Release psi Held
					Good Circ Thru Job
					NO Cmt Returns

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