

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33233
Name: Heartland Oil & Gas Corporation
Address: 1610 Industrial Park Drive
City/State/Zip: Paola, KS 66071
Purchaser: _____
Operator Contact Person: James Harmon
Phone: (913) 294-1400
Contractor: Name: Aztec Well Services, Inc.
License: 33972

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: _____
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. _____
08-07-07 _____ 08-08-07 _____
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 121-28480-0000
County: Miami
NW SE NE _____ Sec. 04 Twp. 18 S. R. 24 East West
_____ 1403 feet from S / (circle one) Line of Section
_____ 818 feet from (circle one) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Prothe Well #: 41-4
Field Name: Jake

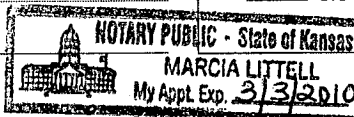
Producing Formation: Coal/Shale
Elevation: Ground: 991' Kelly Bushing: _____
Total Depth: 600' Plug Back Total Depth: 579'
Amount of Surface Pipe Set and Cemented at _____ 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____ 579
feet depth to _____ surface _____ w/ _____ 102 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *ALT II WHM*
12-13-07
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: James Harmon
Title: Area Superintendent Date: 11-16-07
Subscribed and sworn to before me this 16 day of November,
2007.
Notary Public: Marcia Littell
Date Commission Expires: 3/3/2010



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 19 2007
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Heartland Oil & Gas Corporation Lease Name: Prothe Well #: 41-4
 Sec. 04 Twp. 18 S. R. 24 East West County: Miami

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: Dual Induction Compensated Neutron/SSD	<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 1/2"	8 5/8"	24	20'	Portland	7	
Production	7 7/8"	5 1/2"	15.5	579'	OWC	102	10# Kol-seal

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

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 CONSERVATION DIVISION
 WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 134, CHANUTE, KS 66720
 20-431-2110 OR 800-487-8576

TICKET NUMBER 15590
 LOCATION Atchawa, KS
 FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/8/00	1099	Prather #41-4	4	18	24	MI.
CUSTOMER ADDRESS	Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
	6 So. Main		506	Fred		
CITY	STATE	ZIP CODE	368	Bill		
Spring Hill	KS	66083	369	Gary		
			510	Ken		

JOB TYPE: log string HOLE SIZE: 7 1/2 HOLE DEPTH: _____ CASING SIZE & WEIGHT: 5 1/2
 CASING: 6.33 0 DRILL PIPE: _____ TUBING: _____ OTHER: _____
 SLURRY: _____ SLURRY VOL: _____ WATER gal/ck: _____ CEMENT LEFT in CASING: 5 1/2 Plug
 DISPLACEMENT: _____ DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: 40 RPM

REMARKS: Wash down last today. Mix + Pump 20 BBL Flush w/ Gal ESA-41 (soap). Mix + Pump 9 1/2 BBL Telltale disc + Pump 102 SKS OWC Cement w/ 10" Kcl Seal per well bus pump & lines clean. Displace 5 1/2" rubber plug casing TD w/ BBLs KCL water. Pressure to 151. Release pressure to set float valve. Check plug depth w/ wireline.

Mix Cement w/ Biocide Treated H₂O. *Fred Maden*

ACC. CO.	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
545	1	PUMP CHARGE Cement Pump	368	368
54	45 mi	MILEAGE Pump Trucks	368	14K ⁵⁰
54	Minimum	Tax Mileage	510	285
54	3 1/2 hrs	80 BBL Vac Truck	369	316
	92 SKS	OWC Cement		1416 ⁸⁰
	1020	Kcl Seal		367 ⁶⁰
	1	5 1/2" Rubber Plug		56
	1/2 Gal	Super Sweet		73 ³³
	1/2 Gal	KCL Substitute		13 ⁰⁰
	1 Gal	ESA-41 (soap)		35 ⁴⁵
		Sub Total		3510 ⁶³
		Tax @ 6.55%		225 ⁸⁰
		SALES TAX		
		ESTIMATED TOTAL		3636 ⁵⁸

Alva Calore by phone

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