

**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 # 6170
 Name: Globe Operating, Inc.
 Address: P.O. Box 12
 City/State/Zip: Great Bend, KS 67530
 Purchaser: NCRA
 Operator Contact Person: Richard Stalcup
 Phone: (620) 792-7607
 Contractor: Name: Southwind Drilling, Inc.
 License: 33350
 Wellsite Geologist: James C Musgrove

API No. 15 - 007-22892-00-00
 County: Barber 150'S & 10'W of
 NE NW SW 21 31 11
 Sec. Twp. S. R. East West
2160 feet from S / ~~XXXX~~ (circle one) Line of Section
980 feet from ~~XXX~~ W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Roberts Well #: 1
 Field Name: ILS

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temporary
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

**RECEIVED
KANSAS CORPORATION COMMISSION
JUL 25 2005
CONSERVATION DIVISION
WICHITA, KS**

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. _____
5-21-05 6-2-05 6-28-05
 Spud Date or Date Reached TD Completion Date or Recompletion Date

Producing Formation: Simpson
 Elevation: Ground: 1737 Kelly Bushing: 1747
 Total Depth: 5000 Plug Back Total Depth: 4866
 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.
 (10 sks in mouse hole) (15sks in rat hole)

Drilling Fluid Management Plan Alt 1 NCR 8-11-08
 (Data must be collected from the Reserve Pit)
 Chloride content NA ppm Fluid volume 320 bbls
 Dewatering method used haul off
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Bemco
 Lease Name: Cole License No.: 32613
 Quarter NW/4 Sec. 25 Twp. 32 S. R. 12 East West
 County: BA Docket No.: D-19886

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: Richard Stalcup
 Title: Production Superintendent Date: 7-22-05

Subscribed and sworn to before me this 22 day of July, 2005.

Notary Public: M Lynne Wooster
 Date Commission Expires: 4-02-07

**NOTARY PUBLIC - State of Kansas
M. LYNNE WOOSTER
My Appt. Exp. _____**

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Globe Operating, Inc. Lease Name: Roberts Well #: 1
 Sec. 21 Twp. 31 S. R. 11 East West County: Barber

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:

See Attached

Log Formation (Top), Depth and Datum Sample

Name Top Datum

See Attached

| CASING RECORD <input checked="" 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 pipe | 12 1/4 | 8 5/8 | 23 | 336 | 60-40 com | 235 | 2%gel 3%cc |
| Production | 7 7/8 | 5 1/2 | 15.5 | 4997 | ASC | 150 | 5# coal seal 7% gas blk |

| 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 |
|----------------|---|---|-------|
| 2 | 4830' - 4833' | 300 gals 7 1/2% HCL | |
| | | | |
| | | | |
| | | | |

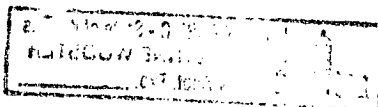
| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|---------------|-------|--------|-----------|---|
| | 2 7/8 | 4860 | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| Date of First, Resumerd Production, SWD or Enhr. | Producing Method |
|--|---|
| 6-30-05 | <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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | 50 | | 20 | | 35 |

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) _____



ALLIED CEMENTING CO., INC. 20546

ORIGINAL

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

SERVICE POINT:

Medicine Lodge

| | | | | | | | |
|--------------------------------|-----------------|---------------------------------|------------------|-----------------------------|-------------------------------|----------------------------|-----------------------------|
| DATE <u>5-21-05</u> | SEC. <u>21</u> | TWP. <u>31S</u> | RANGE <u>11W</u> | CALLED OUT <u>9:00 P.M.</u> | ON LOCATION <u>11:00 P.M.</u> | JOB START <u>1:30 A.M.</u> | JOB FINISH <u>2:00 A.M.</u> |
| LEASE <u>Roberts</u> | WELL # <u>1</u> | LOCATION <u>1604 Isabel RD.</u> | | | COUNTY <u>Barber</u> | STATE <u>KS,</u> | |
| OLD OR <u>NEW</u> (Circle one) | | <u>1 N 1 E 3 N E 1/4 N 1/4</u> | | | | | |

CONTRACTOR Southwind #2
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 340
 CASING SIZE 8 5/8 DEPTH 340
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 340
 TOOL _____ DEPTH _____
 PRES. MAX 200 PSI MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15 FT
 CEMENT LEFT IN CSG. 15 FT
 PERFS. _____
 DISPLACEMENT Fresh Water 20 1/2 BBLs

OWNER Globe Operating INC.

CEMENT
 AMOUNT ORDERED 235sx 60:40:2+ 3%cc

| | | | | | |
|----------|------------|----------|---|--------------|----------------|
| COMMON | <u>141</u> | <u>A</u> | @ | <u>8.70</u> | <u>1226.70</u> |
| POZMIX | <u>94</u> | | @ | <u>4.70</u> | <u>441.80</u> |
| GEL | <u>4</u> | | @ | <u>14.00</u> | <u>56.00</u> |
| CHLORIDE | <u>8</u> | | @ | <u>38.00</u> | <u>304.00</u> |
| ASC | | | @ | | |

EQUIPMENT

PUMP TRUCK CEMENTER David W.
 # 368 HELPER David F
 BULK TRUCK
 # 364 DRIVER Mike C.
 BULK TRUCK
 # _____ DRIVER _____

RECEIVED
 KANSAS CORPORATION COMMISSION
 JUL 25 2005

CONSERVATION DIVISION
 WICHITA, KS
 HANDLING 247 @ 1.60 395.20
 MILEAGE 8 x 247 x .06 180.00
 Min chg. TOTAL 2603.70

REMARKS:

Pipe on bottom break line
Pump 235sx 60:40:2+ 3%cc
Shut Down Release Plug
Displace w/ Fresh Water
20 1/2 BBLs Shut in Cement
Did line wash up Rig
Down.

SERVICE

| | | | | | |
|--------------------|---------------|---|--------------|--|---------------|
| DEPTH OF JOB | <u>340</u> | | | | |
| PUMP TRUCK CHARGE | <u>0-300'</u> | | | | <u>670.00</u> |
| EXTRA FOOTAGE | <u>40'</u> | @ | <u>.55</u> | | <u>22.00</u> |
| MILEAGE | <u>8</u> | @ | <u>5.00</u> | | <u>40.00</u> |
| MANIFOLD Head Rent | | @ | <u>75.00</u> | | <u>75.00</u> |

CHARGE TO: Globe Operating INC.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 807.00

PLUG & FLOAT EQUIPMENT

| | | | |
|----------------------|---|--------------|--------------|
| <u>1-Wooden Plug</u> | @ | <u>55.00</u> | <u>55.00</u> |
| | @ | | |
| | @ | | |
| | @ | | |
| | @ | | |

TOTAL 55.00

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.

ANY APPLICABLE TAX
 WILL BE CHARGED
 BY INVOICING

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

SIGNATURE X Darryl Driver

X DARRYL DRIVER
 PRINTED NAME

ALLIED CEMENTING CO., INC. 16333

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

ORIGINAL
SERVICE POINT:
MEDICINE LODGE

| | | | | | | | |
|--------------------------------|-----------------|---|------------------|---------------------------|----------------------------|---------------------------|---------------------------|
| DATE <u>6-2-05</u> | SEC. <u>21</u> | TWP. <u>31S</u> | RANGE <u>11W</u> | CALLED OUT <u>5:30 am</u> | ON LOCATION <u>7:00 am</u> | JOB START <u>10:55 am</u> | JOB FINISH <u>1:00 pm</u> |
| LEASE <u>ROBERTS</u> | WELL # <u>1</u> | LOCATION <u>160 & 168th RD., (N), 1E, 3N,</u> | | | COUNTY <u>BARBER</u> | STATE <u>KS</u> | |
| OLD OR <u>NEW</u> (Circle one) | | | <u>E/INTO</u> | | | | |

CONTRACTOR SOUTHWARD #2
 TYPE OF JOB PRODUCTION CASING
 HOLE SIZE 7 7/8" T.D. 5004'
 CASING SIZE 5 1/2" DEPTH 4999'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 900 MINIMUM 100
 MEAS. LINE _____ SHOE JOINT 18'
 CEMENT LEFT IN CSG. 18'
 PERFS. _____
 DISPLACEMENT 122 1/4 bbl. 2% KCL WATER

OWNER GLOBE OPERATING
 CEMENT
 AMOUNT ORDERED 25 SX 60:40:16 (CAT & MOUSE)
150 SX ASC + 5" KOL SEAL + 1.7% GAS BLOCK
(PRODUCTION CEMENT) C/A PRO 12 gals.
Mud Clean 500 gal.
 COMMON 15 A @ 8.70 130.50
 POZMIX 10 @ 4.70 47.00
 GEL 1 @ 14.00 14.00
 CHLORIDE @ _____
 ASC 150 A @ 10.75 1612.50
Kol Seal 750 # @ .60 450.00
Gas Block 100 # @ 7.40 740.00
Cla Pro 12 gals. @ 22.90 274.80
Mud Clean 500 gal. @ 1.00 500.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 219 @ 1.60 350.40
 MILEAGE 8 x 219 x .05 180.00
 Min chrg TOTAL 4299.20

EQUIPMENT
 PUMP TRUCK CEMENTER BILL M.
 # 368 HELPER DAVID F.
 BULK TRUCK
 # 356 DRIVER DEWY S.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
PIPE ON BOTTOM, BREAK CIRCULATION, PLUG
AND PUMP MUD CLEAN, PLUG RAT & MOUSE WITH
25 SX 60:40:16, STOP PUMPS, PUMP 150 SX ASC +
5" KOL-SEAL + 1.7% GAS BLOCK (PRODUCTION CEMENT)
STOP PUMPS, WASH PUMP & LINES, RELEASE PLUG,
START DISPLACEMENT, SEE LIST, SLOW RATE,
DID NOT LUMP PLUG, FRONT HEAD, DISPLACED
WITH 122 1/4 bbl. 2% KCL WATER.

SERVICE
 DEPTH OF JOB 4999'
 PUMP TRUCK CHARGE _____ 1435.00
 EXTRA FOOTAGE @ _____
 MILEAGE 8 @ 5.00 40.00
HEAD RENT (ROTATING) @ 75.00 75.00
Head Rental @ 75.00 75.00
 _____ @ _____
 TOTAL 1625.00

CHARGE TO: GLOBE OPERATING
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____
5 1/2" GUIDE STUB 1 @ 160.00 160.00
5 1/2" AFU W/SECT 1 @ 235.00 235.00
5 1/2" CENTRAL RUNS 8 @ 50.00 400.00
5 1/2" TRP @ 60.00 60.00
 TOTAL 855.00

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 Darryl Krier

DARRYL KRIER RECEIVED
 PRINTED NAME KANSAS CORPORATION COMMISSION

JUL 25 2005

CONSERVATION DIVISION
 WICHITA, KS

ALLIED CEMENTING CO., INC. 20854

ORIGINAL

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

ML

| | | | | | | | |
|--------------------------------|-----------------|---|------------------|---------------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>6-14-05</u> | SEC. <u>21</u> | TWP. <u>31S</u> | RANGE <u>11W</u> | CALLED OUT <u>7:15 AM</u> | ON LOCATION <u>7:35 AM</u> | JOB START <u>8:10 AM</u> | JOB FINISH <u>9:10 AM</u> |
| LEASE <u>Roberts</u> | WELL # <u>1</u> | LOCATION <u>160 + Isabel Rd. Barber</u> | | | COUNTY <u>Barber</u> | STATE <u>KS.</u> | |
| OLD OR <u>NEW</u> (Circle one) | | <u>1u, 1E, 3u, 4s</u> | | | | | |

CONTRACTOR G+L

TYPE OF JOB plug back

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4975 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 450 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 27 1/4 Bbls fresh

OWNER Globe Operating

CEMENT AMOUNT ORDERED 25.5x A + 37cc

| | | | | | |
|----------|-----------------|----------|---|----------------|---------------------|
| COMMON | <u>25</u> | <u>A</u> | @ | <u>8.70</u> | <u>217.50</u> |
| POZMIX | | | @ | | |
| GEL | | | @ | | |
| CHLORIDE | <u>1</u> | | @ | <u>38.00</u> | <u>38.00</u> |
| ASC | | | @ | | |
| HANDLING | <u>26</u> | | @ | <u>1.60</u> | <u>41.60</u> |
| MILEAGE | <u>8x26x.06</u> | | | | <u>180.00</u> |
| | | | | <u>M:n chg</u> | <u>TOTAL 477.10</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Carly

360-302 HELPER Larry D

BULK TRUCK DRIVER Jason K

364 DRIVER Benny B

REMARKS:

Tubing - 4975' w/ 5 1/2" Csg.
pump 6 Bbls ahead hole
Mix 25.5x A + 37cc. Days w/ 2 1/4
Bbls freshwater. to Balland plug.
pull 3 Joints + Reverse out
with 35 Bbls water, pull 5
Joints. Pressure cement on plug
to 480 psi + Shut in.

CHARGE TO: Globe Operating

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

| | | | | | |
|-------------------|-------------|--|---|-------------|---------------|
| DEPTH OF JOB | <u>4975</u> | | | | |
| PUMP TRUCK CHARGE | | | | | <u>750.00</u> |
| EXTRA FOOTAGE | | | @ | | |
| MILEAGE | <u>8</u> | | @ | <u>5.00</u> | <u>40.00</u> |
| MANIFOLD | | | @ | | |

TOTAL 790.00

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.

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

TAX _____

TOTAL CHARGE ~~_____~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

Price per Kevin

RECEIVED
 KANSAS CORPORATION COMMISSION
 PRINTED JUL 25 2005
 CONSERVATION DIVISION
 WICHITA, KS