

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

ORIGINAL

Operator: License # 7076
Name: BLACK DIAMOND OIL, INC.
Address: P.O. BOX 641
City/State/Zip: HAYS, KS 67601
Purchaser: None
Operator Contact Person: KENNETH VEHIGE
Phone: (785) 625-5891
Contractor: Name: W. W. DRILLING
License: 33575

Wellsite Geologist: Tony Richardson
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. _____

<u>3/10/06</u>	<u>3/10/06</u>	<u>3/10/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 137-20448-00-00
County: NORTON
W2 SE SE Sec. 21 Twp. 4 S. R. 22 East West
710 feet from (S) N (circle one) Line of Section
990 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: TIEN Well #: 1
Field Name: HANSEN NW
Producing Formation: NONE
Elevation: Ground: 2251 Kelly Bushing: 2257
Total Depth: 3724 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 219 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
(Data must be collected from the Reserve Pit)
Chloride content 3500 ppm Fluid volume 900 bbls
Dewatering method used Air Dry

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____
Quarter _____ Sec. _____ Twp. _____ East West
County: _____ Docket No.: _____

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License No. 2006
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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: [Signature]
Title: Prod. Date: _____
Subscribed and sworn to before me this 11th day of April,
20 06.
Notary Public: Verda M. Brin
Date Commission Expires: 7-18-07

VERDA M. BRIN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7-18-07

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

Operator Name: BLACK DIAMOND OIL, INC. Lease Name: TIEN Well #: 1
 Sec. 21 Twp. 4 S. R. 22 East West County: NORTON

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 checked="" type="checkbox"/> Yes <input 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: Neutron/Density, Dual Induction	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1897</td> <td>+361</td> </tr> <tr> <td>Heebner</td> <td>3406</td> <td>-1148</td> </tr> <tr> <td>Lansing KC</td> <td>3453</td> <td>-1195</td> </tr> <tr> <td>Base KC</td> <td>3640</td> <td>-1382</td> </tr> <tr> <td>Arbuckle</td> <td>3709</td> <td>-1451</td> </tr> </table>	Name	Top	Datum	Anhydrite	1897	+361	Heebner	3406	-1148	Lansing KC	3453	-1195	Base KC	3640	-1382	Arbuckle	3709	-1451
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Arbuckle	3709	-1451																	

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	8 5/8	20#	219'	common	160	3%cc,2% gel

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

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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) _____

ALLIED CEMENTING CO., INC. 23649

Federal Tax I. XXXXXXXXXX

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

SERVICE POINT:
Russell

DATE <u>3-3-06</u>	SEC. <u>21</u>	TWP. <u>4</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION <u>6:00PM</u>	JOB START <u>PM</u>	JOB FINISH <u>7:30 PM</u>
LEASE <u>Tien</u>	WELL # <u>1</u>	LOCATION <u>EDMOND 2 E 2 1/2 N</u>			COUNTY <u>NORTON</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			1" 1/4 W in TO				

CONTRACTOR W-W DRILL Rig #2 OWNER _____

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 220'

CASING SIZE 8 5/8 DEPTH 220'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 / BBL

EQUIPMENT

PUMP TRUCK # 398 CEMENTER Glenn

HELPER GARY

BULK TRUCK # 378 DRIVER Ken

DRIVER _____

CEMENT AMOUNT ORDERED 160 com 2 1/2 Gel

390 cc

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

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HANDLING _____ @ _____

MILEAGE 112 Total mile

TOTAL _____

REMARKS:

Cement

Thanks!

CHARGE TO: Black Diamond Oil

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 112 _____ @ _____

MANIFOLD _____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

8 5/8 Wooden Plug

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

ALLIED CEMENTING CO., INC. 25095

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT: Russell

DATE <u>3-10-07</u>	SEC <u>21</u>	TWP. <u>4</u>	RANGE <u>22</u>	CALLED OUT	ON LOCATION <u>1:15 PM</u>	JOB START	JOB FINISH <u>4:15 PM</u>
LEASE <u>Tien</u> WELL# <u>1</u>				LOCATION <u>Filmad 2 F 3 N</u>		COUNTY <u>NORTHON</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR N.W. #2 OWNER _____
TYPE OF JOB Plus

HOLE SIZE	T.D.
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT AMOUNT ORDERED 22 Sack 60/100 - 6 to #7 1/2

COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
	@
	@
	@
	@
	@
	@
	@

EQUIPMENT

PUMP TRUCK # <u>409</u>	CEMENTER <u>B. V.</u>
	HELPER <u>Shane</u>
BULK TRUCK # <u>362</u>	DRIVER <u>Dave</u>
BULK TRUCK # _____	DRIVER _____

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HANDLING _____ @ _____
MILEAGE _____ @ _____
TOTAL _____

REMARKS:

1st plug c 3650 w/ 25 ft
2nd plug c 1925 w/ 25 ft
3rd plug c 1175 w/ 100 ft
4th plug c 275 w/ 40 ft
5th plug c 40 w/ 10 ft
15 ft PH
10 ft MH

SERVICE

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
MANIFOLD	@ _____
	@ _____
	@ _____
	@ _____

CHARGE TO: Black Diamond Oil Field
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

1-8 ft wood @ _____
@ _____
@ _____
@ _____
@ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

**WW DRILLING, LLC
P. O. BOX 307
WAKEENEY, KANSAS 67672
PH. 785-743-6774**

**Black Diamond Oil, Inc.
P. O. Box 641
Hays, Kansas 67601**

**# 1 Tien
710' FSL & 990' FEL
Section 21-4s-22w
Norton County, Kansas**

API # 15-137-20448-00-00

**025 SX 10' Above Arbuckle
025 sx @ 1925'
100 sx @ 1175'
040 sx @ 275'
010 sx @ 40'
015 sx Rathole
010 sx Mousehole**

225 sx Total - 60/40 poz, 6% gel, 1/4 # per sx Flo-seal

Herb Deines - 11:00 am - 3/09/06

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[Handwritten signature]

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

IND
Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 7076
 Name: BLACK DIAMOND OIL, INC.
 Address: P.O. BOX 641
 City/State/Zip: HAYS, KS 67601
 Purchaser: None
 Operator Contact Person: KENNETH VEHIGE
 Phone: (785) 625-5891
 Contractor: Name: W. W. DRILLING
 License: 33575
 Wellsite Geologist: Tony Richardson
 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: _____
 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. _____

<u>3/10/06</u>	<u>3/10/06</u>	<u>3/10/06</u>
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API No. 15 - 137-20448-00-00
 County: NORTON
W2 SE SE Sec. 21 Twp. 4 S. R. 22 East West
710 feet from (S) N (circle one) Line of Section
990 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: TIEN Well #: 1
 Field Name: HANSEN NW
 Producing Formation: NONE
 Elevation: Ground: 2251 Kelly Bushing: 2257
 Total Depth: 3724 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 219 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
 (Data must be collected from the Reserve Pit)
 Chloride content 3500 ppm Fluid volume 900 bbls
 Dewatering method used Air Dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. 22 East West
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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: [Signature]
 Title: Pres. Date: _____
 Subscribed and sworn to before me this 11th day of April
20 06
 Notary Public: [Signature]
 Date Commission Expires: 7-18-07

VERDA M. ERIN
 NOTARY PUBLIC
 STATE OF KANSAS

KCC Office Use ONLY

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

Operator Name: BLACK DIAMOND OIL, INC. Lease Name: TIEN Well #: 1
 Sec. 21 Twp. 4 S. R. 22 East West County: NORTON

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 checked="" type="checkbox"/> Yes <input 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: Neutron/Density, Dual Induction	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1897</td> <td>+361</td> </tr> <tr> <td>Heebner</td> <td>3406</td> <td>-1148</td> </tr> <tr> <td>Lansing KC</td> <td>3453</td> <td>-1195</td> </tr> <tr> <td>Base KC</td> <td>3640</td> <td>-1382</td> </tr> <tr> <td>Arbuckle</td> <td>3709</td> <td>-1451</td> </tr> </table>	Name	Top	Datum	Anhydrite	1897	+361	Heebner	3406	-1148	Lansing KC	3453	-1195	Base KC	3640	-1382	Arbuckle	3709	-1451
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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	8 5/8	20#	219'	common	160	3%cc,2% gel

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
		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED APR 19 2006 KCC WICHITA </div>

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) _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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Wellsite Geologist: Tony Richardson

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 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

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Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
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Signature: [Signature]
Title: Prod. Date: _____
Subscribed and sworn to before me this 11th day of April
20 06
Notary Public: Verda M. Erin
Date Commission Expires: 7-18-07

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

VERDA M. ERIN
NOTARY PUBLIC
STATE OF KANSAS

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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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name Top Datum	
	Anhydrite 1897 +361	
	Heebner 3406 -1148	
	Lansing KC 3453 -1195	
	Base KC 3640 -1382	
	Arbuckle 3709 -1451	

Neutron/Density, Dual Induction

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Disposition of Gas **METHOD OF COMPLETION** Production Interval

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 (If vented, Submit ACO-18.) Other (Specify) _____