

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 # 5252
Name: R.P. Nixon Oper., Inc.
Address: 207 W. 12th St.
City/State/Zip: Hays, KS 67601
Purchaser: NA
Operator Contact Person: Dan Nixon
Phone: (785) 628-3834
Contractor: Name: Shields Oil Producers
License: 5184
Wellsite Geologist: Dan Nixon

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. _____

4.14.05 4.22.05 4.22.05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25382-00-00
County: Ellis
C NW NW NW Sec. 16 Twp. 14 S. R. 20 East West
4950 feet from (S) / N (circle one) Line of Section
4950 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Anna Seibel Well #: 1
Field Name: Ed Seibel

Producing Formation: dry
Elevation: Ground: 2189' Kelly Bushing: 2194'
Total Depth: 3831' 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/ P+A _____ sx cmt.

Drilling Fluid Management Plan A1+1 NCR 8-12-08
(Data must be collected from the Reserve Pit)

Chloride content 23,000 ppm Fluid volume 250 bbls
Dewatering method used haul off water if needed and let pit evaporate

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

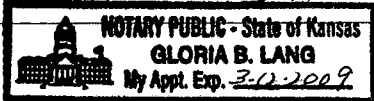
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: [Signature]
Title: President Date: 7.26.05

Subscribed and sworn to before me this 26 day of July,
2005.

Notary Public: [Signature]
Date Commission Expires: _____



KCC Office Use ONLY

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

RECEIVED
JUL 29 2005
KCC WICHITA X

Operator Name: R.P. Nixon Oper., Inc. Lease Name: Anna Seibel Well #: 1
 Sec. 16 Twp. 14 S. R. 20 East West County: Ellis

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>1494'</td> <td>+700</td> </tr> <tr> <td>Heebner</td> <td>3435'</td> <td>-1241</td> </tr> <tr> <td>L/KC</td> <td>3475'</td> <td>-1281</td> </tr> <tr> <td>B/KC</td> <td>3723'</td> <td>-1529</td> </tr> <tr> <td>Reagan Sand</td> <td>3827'</td> <td>-1633</td> </tr> <tr> <td>RTD:</td> <td>3831'</td> <td>-1637</td> </tr> </table>	Name	Top	Datum	Anhydrite	1494'	+700	Heebner	3435'	-1241	L/KC	3475'	-1281	B/KC	3723'	-1529	Reagan Sand	3827'	-1633	RTD:	3831'	-1637
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RTD:	3831'	-1637																				

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"	19#	219'	common	160	2% gel, 3% CaCl

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 <i>(Amount and Kind of Material Used)</i>
		Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 <i>(Explain)</i>

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i>	_____

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 JUL 29 2005
 KCC WICHITA

ALLIED CEMENTING CO., INC. 18645

ORIGINAL

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

SERVICE POINT: R

DATE <u>4/15/05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>1.00A</u>	JOB START	JOB FINISH <u>4.00A</u>
LEASE <u>ANNA SIEBEL</u>	WELL # <u>2</u>		LOCATION <u>ELLIS 6 1/2 S</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)							

CONTRACTOR SHIELDS

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 222

CASING SIZE 8 3/8 DEPTH 219'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 10

PERFS _____

DISPLACEMENT 13 1/2 BBL

OWNER _____

CEMENT AMOUNT ORDERED 1100 Com 3-2

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER PAUL

3160 HELPER SHANE

BULK TRUCK

222 DRIVER CRAIG

BULK TRUCK

_____ DRIVER _____

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KCC WICHITA

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

CEMENT CORK.

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: R.P. NIXON OPERA

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 3/8 WOOD _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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 DA _____

SIGNATURE Burton Beery Burton Beery
PRINTED NAME

ORIGINAL ALLIED CEMENTING CO., INC. 16116

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

SERVICE POINT
Russell

DATE <i>4-22-05</i>	SEC <i>16</i>	TWP <i>14</i>	RANGE <i>20</i>	CALLED OUT	ON LOCATION <i>9:30 AM</i>	JOB START	JOB FINISH <i>10:30</i>
LEASE <i>Seibel</i>		WELL# <i>1</i>	LOCATION <i>El... 65</i>		COUNTY <i>Ellis</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Spjelds*

TYPE OF JOB *Plug*

HOLE SIZE *8"* T.D.

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE *4 1/2"* DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED
2000 lb 6400 6960 to #110

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

177 HELPER

BULK TRUCK DRIVER *Ragon*

222

BULK TRUCK DRIVER

#

REMARKS:

1st plug c 1510 w/ 25 lbs

2nd plug c 745 w/ 100 lbs

3rd plug c 270 w/ 40 lbs

4th plug c 40 w/ 10 lbs

1500 RH

1000 MH

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

RECEIVED
JUL 29 2005

KCC WICHITA

CHARGE TO: *R.P. Nixon Jr.*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

MANIFOLD @

@

@

@

@

TOTAL

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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 _____ PRINTED NAME _____