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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 # 33534
 Name: RDH Enterprises, Inc.
 Address: P. O. Box 716
 City/State/Zip: El Reno, OK 73036
 Purchaser: Western Gas Resources
 Operator Contact Person: Randal D. Haley
 Phone: (405) 262-9116
 Contractor: Name: Pioneer Drilling
 License: 33545
 Wellsite Geologist: Tom Farrell
 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>06/02/2005</u>	<u>06/12/2005</u>	<u>07/15/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 033-21431-00-00
 County: Comanche
C SE Sec. 9 Twp. 35S S. R. 16 East West
1470' feet from (S) / N (circle one) Line of Section
1320' feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Diane Well #: 1-9
 Field Name: Aetna Gas Area
 Producing Formation: Mississippi, Oswego
 Elevation: Ground: 1855' Kelly Bushing: 1872'
 Total Depth: 5600' Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 1004.65 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 AH 1 NCR 8-12-08
 (Data must be collected from the Reserve Pit)
 Chloride content 5000 ppm Fluid volume _____ bbls
 Dewatering method used Evaporation
 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: Randal D. Haley
 Title: President, RDH Enterprises, Inc. Date: 08-03-2005
 Subscribed and sworn to before me this 3rd day of August,
 2005.
 Notary Public: La Donna Haynes
 Date Commission Expires: 04-30-2008
 Commission No: 00006128

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

Operator Name: RDH Enterprises, Inc. Lease Name: Diane Well #: 1-9
 Sec. 9 Twp. 35S S. R. 16 East West County: Comanche

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:

Compact Density; Comp. Neutron; Micro-Resistivity; Array Induction

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Base of Heebner		4364'
Lansing	4580' -	4610'
V. Marmaton	4860' -	4890'
Swope	4980' -	4992'
L. Marmaton	5030' -	5046'
Oswego	5200' -	5220'
Mississippi	5294' -	TD

CASING RECORD <input 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 1/2"	24#	1004'	Class "A"	535	3% CC & 2% gel w/flocel
Production	7 7/8"	4 1/2"	11.6#	5584'	Class "H" ASC	305	6% Calseal
							10% Salt 10% 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
3 SPF	5366'-5371'; 5353'-5360'; 5335'-5348'	3000 gal 15% NEFE	
	5312'-5326' (Mississippi)	Acid, Fracture w/42860 gal foam slickwater	
4 SPF	5202'-5208' (Oswego)	3500 gal 15% NEFE Acid	

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TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2 3/8"	5187'	NA		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.		Producing Method					
08/08/2005		<input checked="" 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		
	10	600	50	60 MCF/1 BO	28		

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Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Oswego & Mississippi

Production Interval Other (Specify) _____

CEMENTING REPORT
To Accompany Completion Report

Form 1002C
(Rev. 2001)

API No.
15-033-21431-00-00
OCC/OCC Operator No.
KCC License-33534

OKLAHOMA CORPORATION COMMISSION
Oil & Gas Conservation Division
Post Office Box 5200
Oklahoma City, Oklahoma 73152-200
OAC-165:10-3-4(h)

ORIGINAL

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work performed.

TYPE OR USE BLACK INK ONLY

*Field Name				OCC District
*Operator	RDH Enterprises, Inc.	KCC	33534	OCC/OCC Operator No.
*Well Name/No.	DIANE 1-9			County WOODS
*Location	<u>1/4</u> <u>1/4</u> <u>C X SE</u> <u>1/4</u>	Sec 9	Twp 35 S	Rge 16 W

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date		6-3-05			6-13-05	
*Size of Drill Bit (Inches)						
*Estimated % wash or hole enlargement used in calculation						
*Size of Casing (inches O.D.)						
*Top of Liner (if liner used) (ft.)						
*Setting Depth of Casing (ft. from ground level)						
Type of Cement (API Class In first (lead) or only slurry)		CLASS A			CLASS H	
In second slurry		CLASS A				
In third slurry						
Sacks of Cement Used In first (lead) or only slurry		385			325	
In second slurry		150				
In third slurry						
Vol of slurry pumped (Cu ft)(14.X15. in first (lead) or only slurry)		762.3 ft3			510.25 ft3	
In second slurry		198 ft3				
In third slurry						
Calculated Annular Height of Cement behind Pipe (ft)		1004'			2240'	
Cement left in pipe (ft)		40'			31'	

*Amount of Surface Casing Required (from Form 1001) _____ ft.

*Was cement circulated to Ground Surface <u>Yes</u> <u>No</u>	*Was Cement Staging Tool (DV Tool) used <u>Yes</u> <u>No</u>
*Was Cement Bond Log run <u>Yes</u> <u>No</u> (If so, Attach Copy)	*If Yes, at what depth: _____ ft.

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

* Designates items to be completed by Operator
Items not so designated shall be completed by the Cementing Company

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Remarks

LEAD: CLASS A 65/35 6% Gel:3%CC
 1/4# FLoSeal
 TAIL: CLASS A : 2% Gel:3%CC
 LEAD: CLASS H: 6% GypSeal:10% Salt
 1% Gel: 5# KolSeal/sk:.6% F1-160

*Remarks

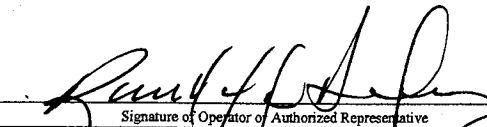
CEMENTING COMPANY

I declare under applicable Corporation Commission rule, that I am authorized to make this certification, that the cementing of casing in this well as shown in the report was performed by me or under my supervision, and that the cementing data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers cementing data only.


 Signature of Cementer or Authorized Representative

OPERATOR

I declare under applicable Corporation Commission rule, that I have knowledge of the well data and information presented in this report, and that data and facts presented on both sides of this form are true, correct and complete to the best of my knowledge. This certification covers all well data and information presented herein.


 Signature of Operator or Authorized Representative

Name & Title Printed or Typed	
Kevin Brungardt - Dist. Supervisor	
Cementing Company	
ALLIED CEMENTING CO., INC.	
Address	
P.O. BOX 368	
City	
MEDICINE LODGE	
State	Zip
KANSAS	67104
Telephone (AC) Number	
(620) 886-5926	
Date	
6-14-05	

Name & Title Printed or Typed	
Randal D. Haley, President	
*Operator	
RDH Enterprises, Inc.	
*Address	
P. O. Box 716	
*City	
El Reno	
*State	*Zip
Oklahoma	73036
*Telephone (AC) Number	
405-262-9116	
*Date	
07- -2005	

INSTRUCTIONS

1. A) This form shall be filed by the operator, at the O.C.C. office in Oklahoma City, as an attachment to the Completion Report (Form 1002A) for a producing well or a dry hole.
 B) An original of this form shall be filed as an attachment to the Completion Report, (Form 1002A), for each cementing company used on a well.
 C) The cementing of different casing strings on a well by one cementing company may be consolidated on one form.
2. Cementing Company and Operator shall comply with the applicable portions of OAC 165:10-3-4(h).
3. Set surface casing 50 feet below depth of treatable water to be protected and cement from casing shoe to ground surface or as allowed by OAC 165:10-3-4(h).
4. **IF SETTING ANYTHING OTHER THAN THE FULL AMOUNT OF SURFACE CASING, BE SURE TO FOLLOW CORPORATION COMMISSION RULES.**