

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 32325

Name: POPP OPERATING, INC.

Address P.O. Box 187

City/State/Zip Hoisington, KS 67544

Purchaser: _____

Operator Contact Person: Rickey Popp

Phone (316) 786-5514

Contractor: Name: Discovery Drilling Co., Inc.

License: 31548

Wellsite Geologist: Bob Stolzle

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIOW Temp. Ad.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

10/13/00 10/17/00 10/18/00

Spud Date Date Reached TD Completion Date

API NO. 15- 167-23,184-0000

County Russell

180' S of _____
NW - SW - SW Sec. 19 Twp. 15s Rge. 13w

810 Feet from S (circle one) Line of Section

330 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Boomhower Well # 8

Field Name Trapp

Producing Formation LKC & Arbuckle

Elevation: Ground 1875 KB 1883

Total Depth 3385 PBDT _____

Amount of Surface Pipe Set and Cemented at 871.44 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/ _____ ex cmt.

Drill Fluid Management Plan: ALT #1 KGR 7/18/07
(Date must be collected from the Reserve Pit)

Chloride Content 21,000 ppm fluid volume 400 bbls

Deaerating method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Rickey Popp
Title President Date 12-04-00

Subscribed and sworn to before me this 4 day of December

Notary Public Cecelia A. Conrad

Date Commission Expires: 3-19-04

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC SWD/Rep NGPA
KGS Plug Other
(Specify)

NOTARY PUBLIC - State of Kansas
CECELIA A. CONRAD
My Appt. Exp. 3-19-04

Operator Name POPP OPERATING INC.

Lease Name Boon...wer

Well # 8

Sec. 19 Twp. 15S Rge. 13W

East
 West

County Russell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheets if more space is needed. Attach copy of log.

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.)

| <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
|---|----------------------------------|---------------------------------|
| Name | Top | Datum |
| Anhydrite | 858' | +1025 |
| Tariko | 2557' | -674 |
| L-KC | 3062' | -1179 |
| Arb | 3316' | -1433 |

List All E.Logs Run:
Dual Induction, Compensated Neutron
Density, Cement Bond

CASING RECORD

New 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 | 24 | 871.44 | 60/40Poz | 325 | 2%Gel&3%CC |
| Production St. | 7 7/8 | 5 1/2 | 14 | 3382 | ASC | 130 | 2%Gel&5%Gil |

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 |
|----------------|--|--|
| 4spf | 3318-20' | Natural |

| TUBING RECORD | Size | Set At | Packer At | Liner Run |
|--|--|---------|-------------|---|
| | 2-7/8 | 3342' | none | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Inj. | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | |
| 11-01-00 | | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio |
| | 30 | | 40 | |
| | | | | Gravity 38 |

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

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval

3318-20

ALLIED CEMENTING CO., INC.

1913

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

ORIGINAL SERVICE POINT: Russell

| | | | | | | | | |
|-------------------------|-----------------|--|-------|----|------------------|------------------------------|-----------|------------------------------|
| DATE <u>10/14/00</u> | SEC. | TWP. | RANGE | .. | CALLED OUT | ON LOCATION <u>8:30 A.M.</u> | JOB START | JOB FINISH <u>11:45 A.M.</u> |
| LEASE <u>300 hours</u> | WELL # <u>8</u> | LOCATION <u>Russell 105 1 1/2 E 12 S</u> | | | COUNTY <u>KS</u> | STATE <u>KS.</u> | | |
| OLD OR NEW (Circle one) | | | | | | | | |

CONTRACTOR Discovery Rig #2

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 873

CASING SIZE 8 5/8" DEPTH 873

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 54 3/4 BBL

OWNER _____

CEMENT

AMOUNT ORDERED 375 60/40 3% CL
2% Gel

| | | | | |
|----------|--------------------|---|--------------|----------------------|
| COMMON | <u>195</u> | @ | <u>6.35</u> | <u>1238.25</u> |
| POZMIX | <u>130</u> | @ | <u>3.25</u> | <u>422.50</u> |
| GEL | <u>6</u> | @ | <u>9.50</u> | <u>57.00</u> |
| CHLORIDE | <u>13</u> | @ | <u>28.00</u> | <u>364.00</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>344</u> | @ | <u>1.05</u> | <u>361.20</u> |
| MILEAGE | <u>4 & 1/2</u> | @ | <u>1.10</u> | <u>178.88</u> |
| | | | | TOTAL <u>2621.83</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Paul

345 HELPER Colin

BULK TRUCK

254 DRIVER Shane

BULK TRUCK

_____ DRIVER _____

REMARKS:

SERVICE

Cement Circulated

Thank You!

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 580.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 13 @ 3.00 39.00

PLUG 8 5/8" Solid Rubber @ 90.00

_____ @ _____

_____ @ _____

TOTAL 709.00

CHARGE TO: POPP Operating

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Thomas Alm

Thomas Alm
PRINTED NAME

ALLIED CEMENTING CO., INC. 1916

ORIGINAL

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

SERVICE POINT
Russell

| | | | | | | | |
|------------------------------------|-----------------|---------------------------------------|-------|------------|---------------------------------|------------------|---------------------------------|
| DATE <u>10/15/00</u> | SEC. | TWP. | RANGE | CALLED OUT | ON LOCATION <u>8:00 A.M.</u> | JOB START | JOB FINISH <u>12:10 P.M.</u> |
| LEASE <u>Boonhow</u> | WELL # <u>8</u> | LOCATION <u>Russell 10 S 2E 1/2 S</u> | | | COUNTY <u>Russell</u> | STATE <u>Ks.</u> | |
| OLD OR NEW (Circle one) <u>NEW</u> | | | | | <u>E. J. W. D.</u> | | |

CONTRACTOR Discovery Rig #2

TYPE OF JOB Long String

HOLE SIZE 7 7/8" TD. 3385'

CASING SIZE 5 1/2" DEPTH 3389'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 32.10

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 82301

OWNER Same

CEMENT

AMOUNT ORDERED 155 ~~135~~ 5x ASC 2070 C.
1/4# Floseal 5% Gilsomite
500 Gal WFR2

EQUIPMENT

PUMP TRUCK CEMENTER Paul

153 HELPER Dave

BULK TRUCK

160 DRIVER Clen

BULK TRUCK

DRIVER

| | | | | |
|--------------|-------------------|---|-------------|-----------------------|
| COMMON | | @ | | |
| POZMIX | | @ | | |
| GEL | <u>3</u> | @ | <u>9.50</u> | <u>28.50</u> |
| CHLORIDE | | @ | | |
| ASC | <u>155</u> | @ | <u>8.20</u> | <u>1271.00</u> |
| Gilsomite | <u>728#</u> | @ | <u>41¢</u> | <u>298.48</u> |
| Floseal | <u>39#</u> | @ | <u>1.15</u> | <u>44.85</u> |
| WFR-2 | <u>500 gals</u> | @ | <u>1.00</u> | <u>500.00</u> |
| HANDLING | <u>166</u> | @ | <u>1.05</u> | <u>174.30</u> |
| MILEAGE | <u>44/SK/mile</u> | | | <u>100.00</u> |
| TOTAL | | | | <u>2417.13</u> |

REMARKS:

Centralizers on 1, 2, 9, 10, 11, 14, 15

Insert @ 3349'

Mixed 500 Gal mud flush. Followed

w/ 135 5x ASC.

Float Held!

105x Mouschole

155x Rathole

Thank,
OK

SERVICE

| | | | | |
|-------------------|-------------------|---|--------------------------|-----------------------|
| DEPTH OF JOB | | | | |
| PUMP TRUCK CHARGE | | | <u>1080.00</u> | |
| EXTRA FOOTAGE | | @ | | |
| MILEAGE | <u>13</u> | @ | <u>3.00</u> <u>39.00</u> | |
| PLUG | <u>5 1/2" TRP</u> | @ | <u>50.00</u> | |
| TOTAL | | | | <u>1169.00</u> |

CHARGE TO: Popp Operating

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

| | | | | |
|---------------|----------|---|---------------|----------------------|
| <u>5 1/2"</u> | | @ | | |
| Guide Shoe | | @ | <u>150.00</u> | |
| AFK Insert | | @ | <u>235.00</u> | |
| Turbo Cent. | <u>7</u> | @ | <u>60.00</u> | <u>420.00</u> |
| TOTAL | | | | <u>805.00</u> |

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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.

SIGNATURE Ricky Popp

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____