

Oil & Gas Conservation Division **ORIGINAL**
WELL COMPLETION FORM

Form ACO-1
 September 1999
 Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License 32406
 Name: Phoenix Kansas Energy, LLC.
 Address: 536 North Highland
 City/State/Zip: Chanute, Kansas 66720
 Purchaser: Plains Marketing
 Operator Contact Person: Bob Barnett
 Phone: (316) 431 - 2650
 Contractor: Name: Kelly Down Drilling
 License: 5661

Wellsite Geologist: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 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 TD: _____
 Deepening
 Plug-Back Plug Back Total Depth: _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

| | | |
|-------------------|-----------------|--------------------|
| <u>9/27/00</u> | <u>9/29/00</u> | <u>9/29/00</u> |
| Spud Date or | Date Reached TD | Completion Date or |
| Recompletion Date | | Recompletion Date |

API No. 15 - 207 - 26719-0000
 County: Woodson
W2 - NW - SE Sec. 2 Twp. 24 R. 16 East
1940 feet from S N (circle one) Line of Section
2240 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Alexander Well # WSW-7
 Field Name: Vernon
 Producing Formation: Kansas City
 Elevation: Ground _____ Kelly Bushing: _____
 Total Depth: 660' Plug Back TD: 628.6'
 Amount of Surface Pipe Set and Cemented: 40.30'
 Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____
 If Alternate II completion, cement circulated from 644.25'
 feet depth to Surface w/ 177 sx. cmt.

Drilling Fluid Management Plan *Alt II KJR 7/18/07*
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid Volume _____ bbls
 Dewatering method used _____
 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 filled 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 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 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: Bob Barnett
 Title: Operations Manager Date: 12-1-00

Subscribed and sworn to before me this 1st day of Dec, 2000

Notary Public: Karen M. Willey

Date Commission Expires: _____



| KCC Office Use Only | |
|---------------------|--|
| _____ | Letter of Confidentiality Attached |
| _____ | If denied, Yes <input type="checkbox"/> Date _____ |
| _____ | Wireline Log Received |
| _____ | Geologist Report Received |
| _____ | UIC Distribution |

X

ORIGINAL

Laymon Oil II, LLC

1998 Squirrel Rd
Neosho Falls, KS 66758
316-963-2495

September 29, 2000

TOCO, LLC
PO Box 425
Chanute, KS. 66720

Alexander WSW-7
API # 15-207-26719
Spudding Date: 09/27/00
Completion Date: 09/29/00
Wo Co, KS Elev.
Sec. 02 Twp. 23S, Rng. 16E

| | |
|--------------|-----------|
| Soil & Clay | 0 - 10 |
| Shale | 10 - 148 |
| Lime | 148 - 205 |
| Shale | 205 - 228 |
| Lime & Shale | 228 - 598 |
| Lime | 598 - 625 |
| Big Shale | 625 - 660 |
| Total Depth | 660 |

Set 40.30' of 8 5/8" surface pipe.
Cemented w/6 sks cement.

RECEIVED
STATE CORPORATION COMMISSION

DEC. 4 2000

CONSERVATION DIVISION
Wichita, Kansas

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER **07461**
 LOCATION *Chanute, ks*
 FOREMAN *Tim West*

TREATMENT REPORT

| | | | | | | | | |
|--------------------------|-----------------|-----------------|---------|----------------------|-----|-----|--------|-----------|
| DATE | CUSTOMER ACCT # | WELL NAME | QTR/QTR | SECTION | TWP | RGE | COUNTY | FORMATION |
| 10-1-00 | 6920 | Alexander 54547 | 2 | 2 | 24 | 16 | WO | |
| CHARGE TO | | | | OWNER | | | | |
| MAILING ADDRESS | | | | OPERATOR | | | | |
| CITY | | | | CONTRACTOR | | | | |
| STATE | | ZIP CODE | | DISTANCE TO LOCATION | | | | |
| TIME ARRIVED ON LOCATION | | | | TIME LEFT LOCATION | | | | |

| WELL DATA | |
|------------------|----------------|
| HOLE SIZE | 7 7/8" |
| TOTAL DEPTH | 660' |
| CASING SIZE | 5 1/2" |
| CASING DEPTH | 650' p.a. 630' |
| CASING WEIGHT | |
| CASING CONDITION | |
| TUBING SIZE | |
| TUBING DEPTH | |
| TUBING WEIGHT | |
| TUBING CONDITION | |
| PACKER DEPTH | |
| PERFORATIONS | |
| SHOTS/FT | |
| OPEN HOLE | |
| TREATMENT VIA | |

| TYPE OF TREATMENT | |
|---|---|
| <input type="checkbox"/> SURFACE PIPE | <input type="checkbox"/> ACID BREAKDOWN |
| <input checked="" type="checkbox"/> PRODUCTION CASING | <input type="checkbox"/> ACID STIMULATION |
| <input type="checkbox"/> SQUEEZE CEMENT | <input type="checkbox"/> ACID SPOTTING |
| <input type="checkbox"/> PLUG & ABANDON | <input type="checkbox"/> FRAC |
| <input type="checkbox"/> PLUG BACK | <input type="checkbox"/> FRAC + NITROGEN |
| <input type="checkbox"/> MISC PUMP | <input type="checkbox"/> FOAM FRAC |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> NITROGEN |

| PRESSURE LIMITATIONS | | |
|----------------------|-------------|------------|
| | THEORETICAL | INSTRUCTED |
| SURFACE PIPE | | |
| ANNULUS LONG STRING | | |
| TUBING | | |

INSTRUCTIONS PRIOR TO JOB
Cement one of two wells

JOB SUMMARY

DESCRIPTION OF JOB EVENTS *Pump app 5 bbls H₂O. Mix and pump 2 cu gal to flush hole. Mix and pump 177 cu Class A, 6% salt, 2 bagel 12 F10-seal. Flush pump clear of cement. Pump 5 1/2" Rubber plug to total depth of casing. Circulating cement to surface. Pressure up to 600 psi held good. Set float. Check with wire line set at 630'. Used extra cement due to poor circulation thru out cement job.*

| PRESSURE SUMMARY | |
|--------------------------|-----|
| BREAKDOWN or CIRCULATING | psi |
| FINAL DISPLACEMENT | psi |
| ANNULUS | psi |
| MAXIMUM | psi |
| MINIMUM | psi |
| AVERAGE | psi |
| ISIP | psi |
| 5 MIN SIP | psi |
| 15 MIN SIP | psi |

| TREATMENT RATE | |
|----------------------------------|--|
| BREAKDOWN BPM | |
| INITIAL BPM | |
| FINAL BPM | |
| MINIMUM BPM | |
| MAXIMUM BPM | |
| AVERAGE BPM | |
| HYD HHP = RATE x PRESSURE x 40.8 | |

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

CONSOLIDATED INDUSTRIAL SERVICES
 AN INFINITY COMPANY
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

ORIGINAL
 18889

TICKET NUMBER

LOCATION Chanute/Ottawa

FIELD TICKET

| | | | | | | | | |
|---|--------------------------------|--------------------------------------|---------|----------------------------|------------------|------------------|---------------------|-----------|
| DATE <u>10-4-00</u> | CUSTOMER ACCT # <u>6920</u> | WELL NAME <u>A Snyder # 503-7</u> | QTR/QTR | SECTION <u>2</u> | TWP <u>24</u> | RGE <u>16</u> | COUNTY <u>WO</u> | FORMATION |
| CHARGE TO <u>TOPCO LLC</u> | | | | OWNER | | | | |
| MAILING ADDRESS <u>536 N. Highland</u> | | | | OPERATOR <u>Tinwest</u> | | | | |
| CITY & STATE <u>Chanute, Kansas</u> | | | | CONTRACTOR | | | | |

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION OF SERVICES OR PRODUCT | UNIT PRICE | TOTAL AMOUNT |
|-----------------|-------------------|------------------------------------|--------------|------------------|
| <u>5401.10</u> | <u>1</u> | <u>PUMP CHARGE</u> | | <u>475.00</u> |
| <u>5402.10</u> | <u>650'</u> | <u>Casing Footage</u> | <u>.12</u> | <u>78.00</u> |
| | | HYDRAULIC HORSE POWER | | |
| <u>1118.10</u> | <u>6 SKS</u> | <u>Premium Oil</u> | <u>10.50</u> | <u>63.00</u> |
| <u>1107.10</u> | <u>2 SKS</u> | <u>Flo-Seal</u> | <u>33.50</u> | <u>67.00</u> |
| <u>1105.20</u> | <u>1</u> | <u>5 1/2" R.L. Bolt Mug</u> | <u>39.00</u> | <u>39.00</u> |
| <u>1116.10</u> | <u>531 #s</u> | <u>Granulated Salt</u> | <u>.20</u> | <u>106.20</u> |
| | | STAND BY TIME | | |
| | | MILEAGE | | |
| | | WATER TRANSPORTS | | |
| <u>5502.20</u> | <u>2 1/2</u> | <u>VACUUM TRUCKS</u> | <u>60.00</u> | <u>150.00</u> |
| | | FRAC SAND | | |
| <u>1104.10</u> | <u>177 SKS</u> | <u>CEMENT Class A</u> | <u>820</u> | <u>145140.00</u> |
| | | NITROGEN | <u>Tax</u> | <u>119.14</u> |
| <u>5407.10</u> | <u>Miles</u> | <u>TON-MILES</u> | <u>150</u> | <u>150.00</u> |
| ESTIMATED TOTAL | | | | <u>2698.00</u> |

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Jim Green

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 10-4-00

1169553

ORIGINAL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

TICKET NUMBER **15769**

LOCATION 180 st & Squid Nos

FOREMAN JK

1 N 1/2 E on S side

TREATMENT REPORT

| | | | | | | | | |
|---|-----------------|------------------------------|---------|-----------------------------------|-----|-----|--------|----------------------------------|
| DATE <u>11-16-00</u> | CUSTOMER ACCT # | WELL NAME <u>Well # 7</u> | QTR/QTR | SECTION | TWP | RGE | COUNTY | FORMATION <u>Bartlesville</u> |
| CHARGE TO <u>7000</u> | | | | OWNER | | | | |
| MAILING ADDRESS | | | | OPERATOR | | | | |
| CITY | | | | CONTRACTOR | | | | |
| STATE | | ZIP CODE | | DISTANCE TO LOCATION <u>41 MI</u> | | | | |
| TIME ARRIVED ON LOCATION <u>3:30 PM</u> | | | | TIME LEFT LOCATION <u>6:30 PM</u> | | | | |

| WELL DATA | |
|------------------|-----------------|
| HOLE SIZE | |
| TOTAL DEPTH | |
| CASING SIZE | <u>3 1/2</u> |
| CASING DEPTH | |
| CASING WEIGHT | |
| CASING CONDITION | |
| TUBING SIZE | |
| TUBING DEPTH | |
| TUBING WEIGHT | |
| TUBING CONDITION | |
| PACKER DEPTH | |
| PERFORATIONS | <u>392-412</u> |
| SHOTS/FT | <u>22 shots</u> |
| OPEN HOLE | |
| TREATMENT VIA | <u>Drilling</u> |

| TYPE OF TREATMENT | |
|--|--|
| <input type="checkbox"/> SURFACE PIPE | <input type="checkbox"/> ACID BREAKDOWN |
| <input type="checkbox"/> PRODUCTION CASING | <input checked="" type="checkbox"/> ACID STIMULATION |
| <input type="checkbox"/> SQUEEZE CEMENT | <input type="checkbox"/> ACID SPOTTING |
| <input type="checkbox"/> PLUG & ABANDON | <input type="checkbox"/> FRAC |
| <input type="checkbox"/> PLUG BACK | <input type="checkbox"/> FRAC + NITROGEN |
| <input type="checkbox"/> MISC PUMP | <input type="checkbox"/> FOAM FRAC |
| <input type="checkbox"/> OTHER | <input type="checkbox"/> NITROGEN |

| PRESSURE LIMITATIONS | | |
|----------------------|-------------|------------|
| SURFACE PIPE | THEORETICAL | INSTRUCTED |
| ANNULUS LONG STRING | | |
| TUBING | | |

INSTRUCTIONS PRIOR TO JOB - Established Max Rate from acid 1250 gal 27-70 HCL, Run same sand 12/30, No Ball in Water, Drilling some Balls, 100 BBL. Over Displace sand. Put 17P Retarder in acid.

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Established Max Rate, 20 Bbl Pad, Run 14:20 12/30, No Ball in Water, 1130 gal of 27-70 HCL Drilling 10 BBLs then sand & acid. Blend in Drilling exp due to Retarder. Reduced BPM 1/2 limit and cut acid, Used all Water exp. Reduced BPM. Shut down, 120 gal 27-70 HCL (acid) - Pumped 100 BBL more @ 14 BPM, 40 BBL. Overdisplaced after all acid used exp. 390 BBLs used, No Gal. 1250 gal 27-70 HCL used, 10 BBLs drilled.

| PRESSURE SUMMARY | |
|--------------------------|------------------------|
| BREAKDOWN or CIRCULATING | <u>No PSI seen</u> psi |
| FINAL DISPLACEMENT | |
| ANNULUS | |
| MAXIMUM | <u>1000</u> psi |
| MINIMUM | <u>100</u> psi |
| AVERAGE | <u>350</u> psi |
| ISIP | <u>50</u> psi |
| 5 MIN SIP | |
| 15 MIN SIP | |

| TREATMENT RATE | |
|----------------------------------|--------------|
| BREAKDOWN BPM | <u>3</u> |
| INITIAL BPM | <u>18</u> |
| FINAL BPM | <u>15</u> |
| MINIMUM BPM | <u>15</u> |
| MAXIMUM BPM | <u>20</u> |
| AVERAGE BPM | <u>17.50</u> |
| HYD HHP = RATE X PRESSURE X 40.8 | |

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE 11-16-00

ALL THE TERMS AND CONDITIONS STATED ON THE REVERSE SIDE ARE INCORPORATED AS PART OF THIS SALE.

CONSOLIDATED INDUSTRIAL SERVICES
 AN INFINITY COMPANY
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER 16920

LOCATION 2127 211/2000
1 N. 117 on 3 rd

FIELD TICKET

| | | | | | | | | |
|------------------------------------|--------------------------|---------------------------|---------|------------|-----|-----|--------------|-----------------------|
| DATE 11-16-00 | CUSTOMER ACCT # 16920 | WELL NAME Wider Survey | QTR/QTR | SECTION | TWP | RGE | COUNTY W0 | FORMATION Bullhead |
| CHARGE TO 7000 | | | | OWNER | | | | |
| MAILING ADDRESS 536 N. Highland | | | | OPERATOR | | | | |
| CITY & STATE Chanute, KS 66700 | | | | CONTRACTOR | | | | |

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION OF SERVICES OR PRODUCT | UNIT PRICE | TOTAL AMOUNT |
|--------------|------------------------|---|----------------------|--------------------|
| 5102-3 | 1 | PUMP CHARGE Frac Pump / inj well pump chg | | 1150 ⁰⁰ |
| | | HYDRAULIC HORSE POWER | | |
| 1203 | 50 gal | Retarder AT2 <i>proj price</i> | 10 ⁰⁰ gal | 500 |
| 5300 | (10) 80 gal | trout Del. acid 20000 | 275 | 275 |
| 3100 | 1250 gal | 28 70 HCl acid | 15 ⁰⁰ gal | 1875 |
| 417A | 10 Beels | Beel Sealers - Simba | 175 | 1750 |
| 1205 | 0 | Breaker No Breaker | | |
| 1231 | 0 | Frac Gel. Mudal prod | | |
| 5610 | 2 hr | STAND-BY-TIME- Acid Pump Deliv. | 120 ⁰⁰ hr | 240 ⁰⁰ |
| | | MILEAGE | | |
| 5501 | 8 hrs | WATER TRANSPORTS | 70 ⁰⁰ | 560 ⁰⁰ |
| | | VACUUM TRUCKS | | |
| 2102 | 14 cu | FRAC SAND 12/20 | 1155 ⁰⁰ | 16170 |
| | | CEMENT | | |
| | | NITROGEN | | |
| 5109 | 41 Mi | TON-MILES | Tax 1.21 2210 | 175 ⁰⁰ |
| | | | ESTIMATED TOTAL | 4955.41 |

NSCO #15097

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Frank Keilly

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 11-16-00

170093