

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5786
 Name: McGown Drilling, Inc.
 Address: P.O. Box 299
 City/State/Zip: Mound City, KS 66056
 Purchaser: _____
 Operator Contact Person: Doug McGown
 Phone: (913) 795-2258
 Contractor: Name: McGown Drilling, Inc.
 License: 5786
 Wellsite Geologist: _____

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>06-16-05</u>	<u>06-16-05</u>	<u>07-06-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 011-23017-00-00
 County: Bourbon
C NW SW Sec. 25 Twp. 24 S. R. 25 East West
1980 feet from (S) / N (circle one) Line of Section
660 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: B. Emmerson Well #: 12-25

Field Name: _____
 Producing Formation: Burgess
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 350' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 300
 feet depth to surface w/ 50 sx cmt.

Drilling Fluid Management Plan A11 11 NR 8-14-08
 (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 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: _____
 Title: President Date: 8-18-05
 Subscribed and sworn to before me this 18 day of August
 20 05.
 Notary Public: Doreen Thomas
 Date Commission Expires: _____



KCC Office Use ONLY

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

Operator Name: McGown Drilling, Inc. Lease Name: B. Emmerson Well #: 12-25
 Sec. 25 Twp. 24 S. R. 25 East West County: Bourbon

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See Attached Sheet

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CASING RECORD <input type="checkbox"/> New <input checked="" 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	8 3/4	6 1/2	8	20	Portland	5	none
Long String	6 1/8	2 3/8	4 1/2	300	Portland	50	none

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

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

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

Production Interval _____

B. EMMERSON

#12-25

DEPTH	FORMATION
0-2'	Topsoil
2-18'	Clay
18-69'	Shale
69-71'	Lime
71-78'	Shale
78-79'	Coal
79-91'	Shale
91-93'	Lime
93-131'	Shale
131-134'	Lime
134-272'	Shale
272-299'	Sand
299-306'	Shale
306-308'	Coal
308-316'	Shale
316-318'	Coal
318-334'	Sand
334-342'	Shale
342-344'	Coal
344-350'	Shale
350'	Top Mississippi

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Big Sugar Lumber



"Everything To Build Your Home"

∞ ∞ TWO LOCATIONS ∞ ∞

Do-it-center
 1005 CLARK STREET
 FORT SCOTT, KANSAS 66701
 (620) 223-5279
 FAX (620) 223-1505

411 MAIN STREET
 MOUND CITY, KANSAS 66056
 (913) 795-2210
 FAX (913) 795-2194

PIG SUGAR LUMBER-MOUND CITY
 WORKING HARD TO SERVE YOU BETTER!

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCES	TERMS	CLERK	DATE	TIME
325550				DATE 5TH OF MONTH	SC	7/ 6/05	1:41

SOLD TO

SHIP TO

DOUG MCGOWAN

P.O. BOX 334
 MOUND CITY KS 66056

5-7-05
 9:00 AM

DOCN 120971

* INVOICE *

TERMS 5/3

LSPR: 94 STEVE COLEMAN
 TAX : 031 KANSAS STATE TAX

QUANTITY		U/M	ITEM NUMBER	DESCRIPTION	SUGAR	NUMBER OF UNITS	BIG SUGAR PRICE	EXTENSION
SHIPPED	ORDERED							
50		BG	CPCC	PORTLAND CEMENT	7.19	50	6.47 /BG	323.50
50		EA	CPFM	POST SET-FLY ASH 75#	3.29	50	2.96 /EA	148.00
4		EA	CPQP	QUIKRETE PALLETS		4	12.50 /EA	50.00
<p>B Emman & Emmanson Farms 1/2 MILE SOUTH OF FORT SCOTT</p>								

CREDIT DISCLOSURE: ACCOUNTS NOT PAID IN FULL IN 30 DAYS AFTER BILLING DATE ABOVE ARE SUBJECT TO SERVICE CHARGE COMPUTED BEFORE DEDUCTING CURRENT PAYMENTS AND/OR CREDITS APPEARING ON MONTHLY STATEMENT. KANSAS LIEN RIGHT LAWS APPLY ON MATERIAL PURCHASED FOR YOUR HOME. SERVICE CHARGE IS 1.5% PER MONTH (ALL RETURNS MUST BE ACCOMPANIED BY TICKET.) 20% RESTOCKING CHARGE ON NON-STOCK RETURN ITEMS.

** AMOUNT CHARGED TO STORE ACCOUNT ** 554.35
 TAXABLE 521.50
 NON-TAXABLE 0.00
 SUBTOTAL 521.50



TAX AMOUNT 32.85
 TOTAL AMOUNT 554.35

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