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JUL 12 2005

KCC WICHITA

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 # 5455
Name: Crawford Oil Company
Address: P. O. Box 1366
City/State/Zip: El Dorado, Kansas 67042
Purchaser: NCRA
Operator Contact Person: Larry Dale Crawford
Phone: (316) 377-3373
Contractor: Name: American Eagle Drilling
License: 33493
Wellsite Geologist: Ted Jochems

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>2-17-2005</u>	<u>2-25-2005</u>	<u>4-1-2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 195-22279-00-00
County: Trego
Ap12 - N2SE - SE Sec. 12 Twp. 15 S. R. 22 East West
1030 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: Schmidt Well #: 1-12

Field Name: Karis
Producing Formation: Kutina Sand
Elevation: Ground: 2215 Kelly Bushing: 2222

Total Depth: 4252 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 5jts @217 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set DV Tool-Set @ 1627 Feet
If Alternate II completion, cement circulated from 1627
feet depth to Surface w/ 175 SMD sx cmt.

Drilling Fluid Management Plan Alt. II SB 8-8-08
(Data must be collected from the Reserve Pit)

Chloride content 4200 ppm Fluid volume 6800 bbls
Dewatering method used Evaporation and Backfill

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: Larry Dale Crawford
Title: Owner/Operator Date: 7-11-05
Subscribed and sworn to before me this 11th day of July
2005
Notary Public: Valerie J. Williams
Date Commission Expires: 4-28-06

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

VALERIE J. GUILLIAMS
Notary Public - State of Kansas
My Appt. Expires 4-28-06

Operator Name: Crawford Oil Company Lease Name: Schmidt Well #: 1-12
 Sec. 12 Twp. 15 S. R. 22 East West County: Trego

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: CDL/CNL/PE/DIL/MEL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Stone Corral</td> <td>1575</td> <td>+647</td> </tr> <tr> <td>Heebner</td> <td>3588</td> <td>-1366</td> </tr> <tr> <td>Lansing</td> <td>3627</td> <td>-1405</td> </tr> <tr> <td>BKC</td> <td>3900</td> <td>-1678</td> </tr> <tr> <td>Pawnee</td> <td>3969</td> <td>-1747</td> </tr> <tr> <td>Cherokee Shale</td> <td>4063</td> <td>-1841</td> </tr> <tr> <td>Kutina Sand</td> <td>4128</td> <td>-1960</td> </tr> <tr> <td>Mississippian</td> <td>4142</td> <td>-1920</td> </tr> </table>	Name	Top	Datum	Stone Corral	1575	+647	Heebner	3588	-1366	Lansing	3627	-1405	BKC	3900	-1678	Pawnee	3969	-1747	Cherokee Shale	4063	-1841	Kutina Sand	4128	-1960	Mississippian	4142	-1920
Name	Top	Datum																										
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Kutina Sand	4128	-1960																										
Mississippian	4142	-1920																										

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 7/8 "	24#	217'	common	175 SX	3%cc,2%gel,1/4#FS
Production	7 7/8"	5 1/2 "	15.5 # R-3	4247	EA-2	125 SX	

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
4	4122-4124 8 Holes	none	
4	4128-4134 24 Holes	none	

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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8 "	4116.84 '			
Date of First, Resumerd Production, SWD or Enhr. 4-15-2005			Producing Method			
			<input type="checkbox"/> Flowing <input checked="" 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	
	51.38		0		39	

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____



CHARGE TO: *Crawford Oil*
 ADDRESS:
 CITY, STATE, ZIP CODE: *El Dorado, Ks.*

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 TICKET No. 7764
 PAGE 1 OF 2

SERVICE LOCATIONS
 1. *Hays Ks*
 2. *Ness City, Ks.*
 3.
 4.

WELL/PROJECT NO. *#1-12* LEASE *Schmidt* COUNTY/PARISH *Trego* STATE *Ks* CITY DATE *2-25-05* OWNER *Same*

TICKET TYPE SERVICE SALES CONTRACTOR *American Eagle* RIG NAME/NO. SHIPPED VIA DELIVERED TO *Location* ORDER NO.

WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *2 stage cement* WELL PERMIT NO. WELL LOCATION

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	30				3 ⁰⁰	90 ⁰⁰
579		1			pump charge 2 stage	1	ea	4252	ft	1600 ⁰⁰	1600 ⁰⁰
580		1			add hrs	5	hrs			100 ⁰⁰	500 ⁰⁰
407		1			Insert float Shoe	1	ea	5 1/2	in	230 ⁰⁰	230 ⁰⁰
408		1			D.V. Tool + Plug	1	ea	5 1/2	in	2300 ⁰⁰	2300 ⁰⁰
417		1			DV Latch down Plug + Baffle	1	ea	5 1/2	in	200 ⁰⁰	200 ⁰⁰
403		1			Cement Baskets	2	ea	5 1/2	in	140 ⁰⁰	280 ⁰⁰
402		1			Centralizers	12	ea	5 1/2	in	45 ⁰⁰	540 ⁰⁰
413		2			RotoWall Scratchers	12	ea			35 ⁰⁰	420 ⁰⁰
281		1			Mud Flush	500	gal			65	325 ⁰⁰
221		1			Liquid KCL	4	gal			19 ⁰⁰	76 ⁰⁰
		1			Rotating Head	1	ea			200 ⁰⁰	200 ⁰⁰

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*
 DATE SIGNED *2-25-05* TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				7131	00
WE UNDERSTOOD AND MET YOUR NEEDS?				page 2	3997
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				11128	00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

ORIGIN

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Nick Korbo* APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 7764

CUSTOMER Crawford Oil WELL Schmidt #1-12 DATE 2-25-05 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY.	UM		
325		2				Standard Cement	125	skts	7 ⁵⁰	937 ⁵⁰
284		2				calseal	6	skts	28 ⁰⁰	168 ⁰⁰
283		2				salt	670	lbs	17	110 ⁵⁰
285		2				CFR-1	58	lbs	3 ⁰⁰	174 ⁰⁰
276		2				Flocele	75	lbs	1 ⁰⁰	75 ⁰⁰
330		2				SMD Cement	175	skts	10 ²⁵	1793 ⁷⁵
581						SERVICE CHARGE				
583						MILEAGE CHARGE				
						TOTAL WEIGHT	15,121	Tons		
						LOADED MILES	30			
						CUBIC FEET	300	skts	1 ¹⁰	330 ⁰⁰
						TON MILES	453,62		90	408 ²⁵

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CONTINUATION TOTAL 3997⁰⁰

JOB LOG

SWIFT Services, Inc. ORIGINAL

DATE 2-25-05 PAGE NO. 1

CUSTOMER Crawford Oil WELL NO. #1-12 LEASE Schmidt JOB TYPE 2 stage cement TICKET NO. 7764

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0330							on loc w/ F.E.
	0500							on loc w/ F.E.
	0830							start F.E.
	1130							Break circ <u>1st Stage</u>
	1220	4	0			250		start pre-flushes
	1228	6	32/0			250		start cement 125sks EA-2
	1233		30					end cement wash pump & line drop plug
	1236	7	0			200		start displacement 66 water 35 mud
	1253		101			500/1200		Bump Plug
	1254							Rel pressure / float held
	1256							Drop opening plug
	1308					1100		open DV
	1320							Circ 2 hrs
								<u>2nd Stage</u> Plug RH 200
	1520	4	0			100		start pre-flush
	1525	7	20/0			200		start cement 175sks SMD
	1543		97					end cement Drop Closing Plug
	1548	6	0			100		start displacement
	1552		38			400		Bump Plug
	1553					1600		close DV rel pressure / DV closed circ 25sks to pit

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Walter Jewett
Thank you
Nick & crew
Wish Kowke

ALLIED CEMENTING CO., INC.

PO BOX 51
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566

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ORIGINAL

 * INVOICE *

Invoice Number: 095986

Invoice Date: 02/24/05

Sold To: Crawford Oil Company
 P.O. Box 1366
 Eldorado, KS 67042-1366

Cust I.D.....: Craw
 P.O. Number...: Schmidt 1-12
 P.O. Date.....: 02/24/05

Due Date.: 03/26/05
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	175.00	SKS	8.3000	1452.50	T
Gel	3.00	SKS	13.0000	39.00	T
Chloride	5.00	SKS	36.0000	180.00	T
Fluorocal	44.00	LBS	1.6000	70.40	T
Handling	185.00	SKS	1.5000	277.50	E
Mileage (30)	30.00	MILE	10.1800	305.40	E
185 sks @\$.05.5 per sk per mi					
Surface	1.00	JOB	625.0000	625.00	E
Mileage pmp trk	30.00	MILE	4.5000	135.00	E
Wooden Plug	1.00	EACH	55.0000	55.00	T

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ **313.98**
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3139.80
 Tax.....: 95.24
 Payments: 0.00
 Total....: 3235.04

(313.98)
 2,921.06

ORIGINAL ALLIED CEMENTING CO., INC. 20708

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

SERVICE POINT:
Dem City

DATE <u>2-17-05</u>	SEC. <u>12</u>	TWP. <u>15</u>	RANGE <u>22</u>	CALLED OUT <u>10:30AM</u>	ON LOCATION <u>12:30PM</u>	JOB START <u>12:45PM</u>	JOB FINISH <u>1:15PM</u>
LEASE <u>Schmitt</u>		WELL # <u>1-12</u>		LOCATION <u>4 Hwy + 147 TO 7 1/2 N. 1/2 E. N/5</u>		COUNTY <u>Trego</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR American Eagle
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 223
 CASING SIZE 8 5/8" 24' DEPTH 217'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 134 bbls

OWNER Same
 CEMENT
 AMOUNT ORDERED 175 cu Common, 32cc, 2% Mel 1/4" No Seal

EQUIPMENT

PUMP TRUCK CEMENTER Tom O
 # 224 HELPER Tom W
 BULK TRUCK
 # 341 DRIVER Don Dugan
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<u>175 cu</u>	@	<u>8.30</u>	<u>1452.50</u>
POZMIX		@		
GEL	<u>3 cu</u>	@	<u>13.00</u>	<u>39.00</u>
CHLORIDE	<u>5 cu</u>	@	<u>36.00</u>	<u>180.00</u>
ASC		@		
<u>NO SEAL</u>	<u>44 #</u>	@	<u>1.60</u>	<u>70.40</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>185 cu</u>	@	<u>1.50</u>	<u>277.50</u>
MILEAGE	<u>185 cu SS</u>		<u>30</u>	<u>305.40</u>
TOTAL				<u>2324.80</u>

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REMARKS:

Run 217' of 8 5/8" cas. Broke circulation. Mixed 175 cu common, 32cc, 2% Mel 1/4" No Seal. Released plug. Displaced with fresh H₂O.

Cement did circulate
Thanks

CHARGE TO: Crawford Oil, Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>217'</u>			
PUMP TRUCK CHARGE			<u>625.00</u>
EXTRA FOOTAGE	@		
MILEAGE <u>30</u>	@	<u>4.50</u>	<u>135.00</u>
MANIFOLD	@		
	@		
	@		
TOTAL <u>760.00</u>			

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 wooden</u>	@	<u>55.00</u>	<u>55.00</u>
	@		
	@		
	@		
	@		

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment

CONTRACTOR Amerson Eagle
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4" T.D. 223
 CASING SIZE 8 5/8" 24" DEPTH 217'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13 1/4 bbls

EQUIPMENT

PUMP TRUCK CEMENTER Jim D
 # 224 HELPER Jim W
 BULK TRUCK _____
 # 341 DRIVER Don Dwyer
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Don 217' of 8 5/8" cas. Break circulation
 Mixed 175 lbs common, 32cc, 270 ml 1/4" No Seal
 Released plug. Replaced with fresh
 H₂O.

Cement did circulate

Thomas

CHARGE TO: Crawford Oil, Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

SIGNATURE X Don Amerson

OWNER Jerre
 CEMENT **ORIGINAL**
 AMOUNT ORDERED 175 lbs. Common,
 32cc, 270 ml 1/4" No Seal

COMMON	<u>175 ml</u>	@	<u>8.30</u>	<u>1452.50</u>
POZMIX		@		
GEL	<u>3 ml</u>	@	<u>13.00</u>	<u>39.00</u>
CHLORIDE	<u>5 ml</u>	@	<u>36.00</u>	<u>180.00</u>
ASC		@		
<u>No Seal</u>	<u>4 ml</u>	@	<u>1.60</u>	<u>70.40</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>185 ml</u>	@	<u>1.50</u>	<u>277.50</u>
MILEAGE	<u>180 ml SS</u>		<u>30</u>	<u>305.40</u>
TOTAL				<u>2324.80</u>

SERVICE

DEPTH OF JOB	<u>217'</u>			
PUMP TRUCK CHARGE				<u>625.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>30</u>	@	<u>4.50</u>	<u>135.00</u>
MANIFOLD		@		
RECEIVED				
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TOTAL				<u>760.00</u>

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 wooden</u>	@	<u>55.00</u>	<u>55.00</u>
	@		
	@		
	@		
	@		
TOTAL			<u>55.00</u>

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS
 X Don Amerson
 PRINTED NAME