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AUG 05 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 # 30717
Name: DOWNING-NELSON OIL CO., INC.
Address: P.O. Box 372
Hays, KS 67601
City/State/Zip:
Purchaser:
Operator Contact Person: Ron Nelson
Phone: (785) 621-2610
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Ron Nelson

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: 5/5/05 Original Total Depth: 5/11/05
 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.
Spud Date or Recompletion Date: 5/5/05 Date Reached TD: 5/11/05 Completion Date or Recompletion Date: 5/12/05

API No. 15 - 135-24,355-00-00
County: Ness
110° S. & 80° E. of
C E/2SW-NE Sec. 11 Twp. 17 S. R. 21 W. East West
2090 feet from (N) (circle one) Line of Section
1570 feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Legleiter Well #: 1-11
Field Name: Wildcat
Producing Formation: None
Elevation: Ground: 2189 Kelly Bushing: 2197
Total Depth: 4200 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 222.67 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.
(10sks In Mouse Hole) (15sks In Rat Hole)
Drilling Fluid Management Plan Alt. I SB 8-19-08
(Data must be collected from the Reserve Pit) PIA 5-12-05
Chloride content 14,000 ppm Fluid volume 300 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: [Signature]
Title: VP Date:
Subscribed and sworn to before me this 14 day of July, 2005
Notary Public: [Signature] My Appt. Exp. 1-10-07
Date Commission Expires: 1-10-07

KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: DOWNING-NELSON OIL CO., INC. Lease Name: LEGLEITER Well #: 1-11
 Sec. 11 Twp. 17 S. R. 21W East West County: Ness

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 type="checkbox"/> Yes <input checked="" 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: CDNL/GR, Microlog, Sonic Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>TOP ANHYDRITE</td> <td>1472</td> <td>+725</td> </tr> <tr> <td>Base</td> <td>1504</td> <td>+693</td> </tr> <tr> <td>Heebner</td> <td>3592</td> <td>-1395</td> </tr> <tr> <td>LKC</td> <td>3633</td> <td>-1436</td> </tr> <tr> <td>BKC</td> <td>3896</td> <td>-1699</td> </tr> <tr> <td>Cherokee SH.</td> <td>4070</td> <td>-1873</td> </tr> <tr> <td>Cherokee B Sd.</td> <td>4080</td> <td>-1883</td> </tr> <tr> <td>Cherokee C Sd.</td> <td>4092</td> <td>-1895</td> </tr> <tr> <td>Miss.</td> <td>4122</td> <td>-1925</td> </tr> </tbody> </table>	Name	Top	Datum	TOP ANHYDRITE	1472	+725	Base	1504	+693	Heebner	3592	-1395	LKC	3633	-1436	BKC	3896	-1699	Cherokee SH.	4070	-1873	Cherokee B Sd.	4080	-1883	Cherokee C Sd.	4092	-1895	Miss.	4122	-1925
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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	# Sacs Used	Type and Percent Additives
Surface Pipe	12 1/4	8 5/8	23	222.67	Common	150	2%Gel&3%CC

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
	Dry and Abandoned		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ALLIED CEMENTING CO., INC.

17218

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

SERVICE POINT:

ORIGINAL

Wasson City

DATE <i>5-12-05</i>	SEC. <i>11</i>	TWP. <i>17</i>	RANGE <i>21</i>	CALLED OUT <i>12:30am</i>	ON LOCATION <i>3:30AM</i>	JOB START <i>4:00AM</i>	JOB FINISH <i>6:15AM</i>
LEASE <i>Leg. Leitan</i>	WELL # <i>1-11</i>	LOCATION <i>McCracken 2W 1/2 S 1/2 W</i>			COUNTY <i>Wasson</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Discovery Drilling #2*

TYPE OF JOB *Rotary Plug*

HOLE SIZE *7 7/8* T.D. *4200*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *215 6 1/4 6 1/2 gal.*

1/4" # 7 lb Seal per 5x

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Willie Johnson*

224 HELPER *Burr*

BULK TRUCK DRIVER *D. Dugan*

341 DRIVER _____

BULK TRUCK DRIVER _____

_____ DRIVER _____

HANDLING @ _____

MILEAGE *26*

REMARKS:

50s @ 1490'

80 @ 860

50 @ 250

10 @ 40

15 RH

10 MH

Thanks

SERVICE

DEPTH OF JOB *1490*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE *26* @ _____

CHARGE TO: *Dwaine Nelson*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____

1-878 Dry Hole @ _____

@ _____

@ _____

@ _____

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment

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