

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31302
 Name: Jones & Buck Development
 Address: P.O. Box 68
 City/State/Zip: Sedan, KS 67361
 Purchaser: Quest Energy
 Operator Contact Person: P.J. Buck
 Phone: (316) 725-3636
 Contractor: Name: MOKAT Drilling
 License: 5831
 Wellsite Geologist: Thomas H. Oast
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic Protection)
 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>07-11-00</u>	<u>7-14-00</u>	<u>08-22-00</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26,520-0000
 County: Chautauqua
WSW-SW SE Sec. 5 Twp. 34 S. R. 12 East West
330 feet from S / N (circle one) Line of Section
2970 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Alford Well #: JBD 4
 Field Name: Sedan/Peru
 Producing Formation: Wayside
 Elevation: Ground: 930 Kelly Bushing: _____
 Total Depth: 1780 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 40 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 1734
 feet depth to Surface w/ 240 sx cmt.
 Drilling Fluid Management Plan ALT 2 KJR 7/17/07
 (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.: _____

STATE CORPORATION COMMISSION
RECEIVED
OCT 30 2000
CONSERVATION DIVISION
Wichita, Kansas

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: P.J. Buck
 Title: Partner Date: 10-27-00
 Subscribed and sworn to before me this 27th day of October
2000
 Notary Public: Reda Talbott
 Date Commission Expires: 2/5/2001

NOTARY PUBLIC, State of Kansas
Reda Talbott
My Comm. Exp. 2/5/2001

KCC Office Use ONLY

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

Operator Name: Jones & Buck Development Lease Name: Alford Well #: JBD 4
 Sec. 5 Twp. 34 S. R. 12 East West County: Chautauqua

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 a 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:

Gamma Ray/Neutron

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Lenapah Lime	1051	-121
Altamont Lime	1125	-195
Pawnee Lime	1265	-335
Oswego Lime	1300	-370
Verdigris Lime	1456	-526
Mississippi Lime	1753	-823

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	# Sacjs Used	Type and Percent Additives
Surface	10"	8 5/8		42'	Portland	15	
Production	6 3/4	4 1/2	9.5	1740	50/50 poz	240	

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
2	1406-1418 (mulky shale)	400 gallon 15% Hcl Acid	1406 to 1418
	Also	5000 lbs 20/40 Sand Frac	
open hole	1733-1780 (mississippi)		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

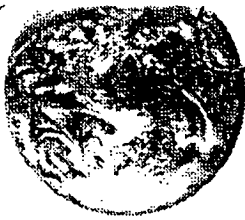
Date of First, Resumerd Production, SWD or Enhr.	Producing Method
08-23-00	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	15	trace		

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

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

Production Interval _____



**CONSOLIDATED
INDUSTRIAL
SERVICES**
A N INFINITY COMPANY

211 W. 14th, P.O. Box 884 Chanute, KS 66720 • 316/431-9210 • 1-800/467-8676

07/18/00 00168267

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4291
J. B. D. & P. J. BUCK
P.O. BOX 68
SEDAN KS 67361

REMIT TO: CONSOLIDATED IND. SERVICES
P.O. BOX 26147
SHAWNEE MISSION, KS 66225

TERMS: Net 30 Days
A Finance Charge computed at 1% per month (annual percentage rate of 12%) will be added to balances over 30 days.

PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	P.O. NO.	LOCATION	LEASE AND WELL NO.	DATE OF JOB	JOB TICKET NO.			
4291	0163	40	AFFORD # 4	07/15/2000	15338			
ITEM NUMBER			DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE	
5401			CEMENT PUMPER	1.0000	475.0000	EA	475.00	
5402			CASING FOOTAGE	1734.0000	1200	EA	208.08	
1118			PREMIUM GEL	7.0000	10.5000	SK	73.50	
1107			FLO-SEAL (25#)	3.0000	33.5500	SK	100.65	
1105			COTTONSEED HULLS	1.0000	11.5000	SK	11.50	
4404			4 1/2" RUBBER PLUG	1.0000	26.0000	EA	26.00	
4151			FUEL SURCHARGE	160.0000	1000	EA	16.00	
5501			WATER TRANSPORT	4.0000	65.0000	HR	260.00	
5502			80 BBL VACUUM TRUCK	4.0000	60.0000	HR	240.00	
1124			50/50 POZ CEMENT MIX	240.0000	7.2500	SK	1740.00	
5407			BULK CEMENT DELIVERY/MIN BULK DEL	1.0000	150.0000	EA	150.00	
GROSS INVOICE		TAX						
3300.73		107.34						
ORIGINAL INVOICE							PLEASE PAY	3408.07

ORIGINAL



CONSOLIDATED

INDUSTRIAL SERVICES

AN INFINITY COMPANY

211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8876

ORIGINAL

TICKET NUMBER 15338

LOCATION Biville

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-15-00	4291	Alford # 4					CA	
CHARGE TO			OWNER					
MAILING ADDRESS			OPERATOR					
CITY & STATE			CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1	PUMP CHARGE LONGSTRING		475.00
5402	1734'	CASING FOOTAGE		208.08
		HYDRAULIC HORSE POWER		
1118	7 sk	Premium Gel	*	73.50
1107	3 sk	Flo Seal	*	100.65
1105	1 sk	HULLS	*	11.50
4404	1 ea	1/2 Rubber plug	*	26.00
		STAND BY TIME		
4151	(.10 x 4 x 40 mi)	MILEAGE Fuel surcharge		16.00
5501	4 HRS	WATER TRANSPORTS		260.00
5502	4 HRS	VACUUM TRUCKS		240.00
		FRAC SAND		
1124	240 sk	CEMENT 50/50 2% 1/4# P/S	*	1790.00
			*TAX	107.34
		NITROGEN		
5407	MIN	TON-MILES		150.00
ESTIMATED TOTAL				3408.07

MS00 015087

CUSTOMER or AGENTS SIGNATURE

CIS FOREMAN

Jeff Graham

CUSTOMER or AGENT (PLEASE PRINT)

DATE

7-15-00

1168267

ORIGINAL

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

TREATMENT REPORT

TICKET NUMBER 14664
 LOCATION Biville
 FOREMAN [Signature]

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-15-00	4291	Alford #4					CR	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR				
STATE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	6 3/4
TOTAL DEPTH	
CASING SIZE	4 1/2
CASING DEPTH	1734'
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

JOB SUMMARY

DESCRIPTION OF JOB EVENTS established circulation - ran 2 sx gel w/ Halls Ahead.
Ran 240 sx 50/50 2% 1/4 # MS - washed up lines + pump -
dropped plug - displaced to bottom + set - left 50 # pressur
on casing - shut in -

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	

