

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33019  
Name: Rosewood Resources, Inc.  
Address: 2711 N. Haskell Ave., Suite 2800, LB 22  
City/State/Zip: Dallas, TX 75201  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Tom Roelfs  
Phone: (970) 324-1686  
Contractor: Name: Advanced Drilling Technologies LLC  
License: 33532  
Wellsite Geologist: Steven VonFeldt

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: \_\_\_\_\_ 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>10/24/2006</u>	<u>10/24/2006</u>	<u>10/30/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 181-20472-00 -00  
County: Sherman  
NE SE SW NW Sec. 4 Twp. 9N S. R. 39  East  West  
2206 feet from S  (circle one) Line of Section  
1072 feet from E  (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE  NW SW  
Lease Name: House Well #: 12-04

Field Name: Goodland  
Producing Formation: Niobrara

Elevation: Ground: 3672' Kelly Bushing: 3684'  
Total Depth: 1175' Plug Back Total Depth: 1176'

Amount of Surface Pipe Set and Cemented at 336' csg @ 349 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.

Drilling Fluid Management Plan AHJNH 630-08  
(Data must be collected from the Reserve Pit)

Chloride content 5000 ppm Fluid volume 200 bbls  
Dewatering method used Evaporation

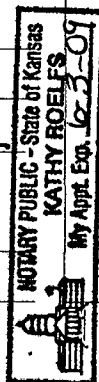
Location of fluid disposal if hauled offsite:  
Operator Name: \_\_\_\_\_

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: Gannell Gevee  
Title: Production Asst. Date: 2-16-07  
Subscribed and sworn to before me this 16 day of February  
07  
Notary Public: Kathy Roelfs  
Date Commission Expires: 6-3-09



**KCC Office Use ONLY**

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

**RECEIVED**  
**MAR 02 2007**  
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Operator Name: Rosewood Resources, Inc. Lease Name: House Well #: 12-04  
 Sec. 4 Twp. 9N S. R. 39  East  West County: Sherman

**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 type="checkbox"/> Yes <input checked="" 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:  <b>Platform Express Resistivity, Porosity, Density ML-GR</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Niobrara 909' KB
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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	# Sacks Used	Type and Percent Additives
Surface	9 1/2"	7"	17#	349'	Neat	90	
Production	6 1/4"	4 1/2"	10.5#	1176.41'	Neat	60	2% CAL.

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	936' to 960'	N/A	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. waiting on pipeline		Producing Method <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
	none	N/A			

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 \_\_\_\_\_

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SCHAAL DRILLING, CO.  
PO BOX 416  
BURLINGTON, CO. 80807  
719-346-8032  
FIELD REPORT  
SURFACE CASING, DRILLING AND CEMENTING

DRILLING DATE 10-24-06

WELL NAME & LEASE # House 12-04

MOVE IN, RIG UP, DIG PITS ETC. DATE 10-23-06 TIME 6:15 AM PM

SPUD TIME 8:30 AM PM SHALE DEPTH 270 TIME 10:00 AM PM

HOLE DIA. 9 1/2 FROM 0 TO 340 TD TIME 10:30 AM PM

CIRCULATE, T.O.O.H., SET 335.97 FT CASING 348.97 KB FT DEPTH

8 JOINTS 7 OD #/FT 14 15.5 17 20 23

PUMP 90 SAC CEMENT 523 GAL.DISP. CIRC. 4 BBL TO PIT

PLUG DOWN TIME 12:15 AM PM DATE 10-24-06

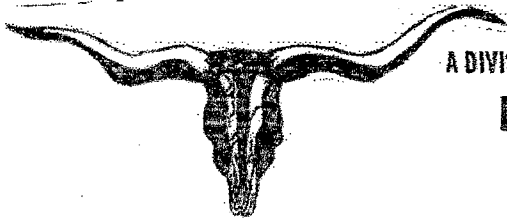
CEMENT LEFT IN CSG. 50 FT TYPE: PORTLAND CEMENT I/II ASTM C 150  
CENTRALIZER. 1 CEMENT COST \$ 1628.31

ELEVATION 3672  
+12KB 3684

PIPE TALLY

1. 42.33  
2. 42.39  
3. 42.58  
4. 42.33  
5. 40.81  
6. 42.30  
7. 40.90  
8. 42.33  
9.  
10.  
11.  
12.  
13.  
14.  
TOTAL 335.97

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A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.  
**LONGHORN CEMENTING CO.**

P.O. BOX 203 YUMA, COLORADO 80759  
 Phone: 970-848-0799 Fax: 970-848-0798

FIELD SERVICE TICKET  
 AND INVOICE

DATE 10-31-08 TICKET NO. 0873

DATE OF JOB	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.	
CUSTOMER <u>House RRI 12-4</u>		LEASE <u>House 12-4</u>	WELL NO.					
ADDRESS	COUNTY	STATE						
CITY	STATE	SERVICE CREW <u>MIKE - VAN - Jorgs</u>						
AUTHORIZED BY	EQUIPMENT							
TYPE JOB: <u>Longstring</u>	DEPTH FT.	CEMENT DATA: BULK <input type="checkbox"/>	SAND DATA: SACKS <input type="checkbox"/>	TRUCK CALLED				DATE AM TIME
SIZE HOLE: <u>6" 1/2</u>	DEPTH FT.	SACKS	BRAND	TYPE	% GEL	ADMIXES	ARRIVED AT JOB	AM PM
SIZE & WT. CASTING <u>NEW 4" 1/2</u>	DEPTH FT.						START OPERATION	AM PM
SIZE & WT. D PIPE OR TUBING	DEPTH FT.						FINISH OPERATION	AM PM
TOP PLUGS	TYPE	WEIGHT OF SLURRY: <u>5.4</u>	LBS. / GALL. <u>5.25</u>	RELEASED				AM PM
		VOLUME OF SLURRY: <u>1.18</u>	MILES FROM STATION TO WELL					AM PM
<u>PBD 1164</u>	MAX DEPTH FT.	SACKS CEMENT TREATED WITH <u>2</u> % OF Calcium						
		MAX PRESSURE PSI.						

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).  
 The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: \_\_\_\_\_  
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
001-2	Depth charge - Cement - Mileage Asper Contract				4000 <sup>00</sup>
300-2	4 1/2 Accuscal Floatshoe	1			267 <sup>07</sup>
300-4	4 1/2 Catch down Baffle-plug	1			226 <sup>00</sup>
300-6	4 1/2 Centralizers	6			245 <sup>04</sup>
300-8	4 1/2 Scratchers	4			139 <sup>20</sup>
300-12	7" Centralizers	2			36 <sup>44</sup>
400-2	CLAYSTA	2.5 gal			118 <sup>12</sup>
400-4	KCL	100 lb			40 <sup>30</sup>
	Cement Basket	1			150 <sup>00</sup>
					5192 <sup>17</sup>
0800	Freshwater 10.1				
0805	Cement 13.2				
0835	Displacement 18.5				
0830	Bump plug @ 200				

ACID DATA:			
	GALLONS	%	ADDITIVES
HCL			
HCL			

SUB TOTAL		
SERVICE & EQUIPMENT	% TAX ON \$	
MATERIALS	% TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
 FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

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