

**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

Amended ACO 1

ORIGINAL

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: (785) 332-0374
Contractor: Name: Coil Tubing Solutions
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>7/15/2004</u>	<u>8/2/2004</u>	<u>10/2/2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 181-20356-00-00
County: Sherman
SW NE SE SW Sec. 26 Twp. 8 S. R. 40 East West
842 feet from (S) / N (circle one) Line of Section
2090 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Lohr Well #: 1-26
Field Name: Goodland
Producing Formation: Niobrara
Elevation: Ground: 3716' Kelly Bushing: 3727'
Total Depth: 1260' Plug Back Total Depth: 1251'
Amount of Surface Pipe Set and Cemented at 355' csg @ 361 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 crnt.

Drilling Fluid Management Plan ALT # 1 WHM 5/16/07
(Data must be collected from the Reserve Pit) Amended
Chloride content 5000 ppm Fluid volume 200 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name: _____ **RECEIVED**
Lease Name: _____ **DEC 9 5 2005**
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ **KCC WICHITA**
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: Harry Roelfs
Title: Production Asst Date: 11-18-07
Subscribed and sworn to before me this 18th day of November
20 05.
Notary Public: [Signature]
Date Commission Expires: August 24, 2008

NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 8/24/2008

KCC Office Use ONLY

No Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ORIGINAL

Operator Name: Rosewood Resources, Inc. Lease Name: Lohr Well #: 1-26
 Sec. 26 Twp. _____ S. R. 40 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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Niobrara 1054' KB

RECEIVED
DEC 05 2005
KCC WICHITA

List All E. Logs Run:

Platform Express Resistivity, Porosity, Density ML-GR

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 7/8"	5 1/2"	14#	361	Neat	58	2% gel
Production	4 3/4"	2 7/8"	6.5#	1251'	Neat	50	2% gel & 1/4#sk Floseal

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	1054' to 1084'	Frac w/48,258 gals MavFoam 70q & 100,000# 16/30	
		Brady sd & 227,000 scf N2	

TUBING RECORD	Size	Set At	Packer At	Liner Run
none				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr. 1/25/2005	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. none	Gas Mcf 18	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

ALLIED CEMENTING CO., INC. 13847

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

SERVICE POINT:

Oakley

DATE <i>8-2-04</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <i>5:45 PM</i>	JOB START <i>6:00 PM</i>	JOB FINISH <i>6:30</i>
LEASE <i>Lohr</i>	WELL # <i>1-26</i>		LOCATION <i>Goodland 1/2 S - 1 W - 1/4 N</i>	COUNTY <i>W</i>		STATE <i>Kan</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *CTS #114*

TYPE OF JOB *Prod 2 7/8"*

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE *2 7/8* DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *7.4 - BBL*

OWNER *SCMC*

CEMENT AMOUNT ORDERED *50 SKS ASC*

2% Gel, 1/4" # Flo-Seal

EQUIPMENT

PUMP TRUCK CEMENTER *Walt*

102 HELPER *Larry*

BULK TRUCK DRIVER *Jarrod*

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

*Pump 10 BBL KCL Waterhead
mixed 50 SKS cement
Clear Pump + Lines
Displace 7.4 BBL KCL Water
Wadded 2 1200#, Plug Held
Thank You*

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE *miles* @ *4.00*

PLUG _____ @ _____

_____ @ _____

_____ @ _____

RECEIVED

DEC 05 2005

TOTAL _____

CHARGE TO: *Rosewood Resources*

STREET _____

CITY _____ STATE _____ ZIP _____

KCC WICHITA

FLOAT EQUIPMENT

2 7/8

1- Guide Shoe @ _____

1- Hatch Down Plug @ _____

3- Centralizers @ _____

5- Scratchers @ _____

_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE

[Handwritten Signature]

PRINTED NAME