

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 # 06230
Name: First National Oil Co, Inc.
Address: 150 Plaza Drive Ste. B-3
City/State/Zip: Liberal, Kansas 67901
Purchaser: Anadarko
Operator Contact Person: Bill Carlisle
Phone: (620) 642-1664
Contractor: Name: Midwestern Well Service
License: _____

Wellsite Geologist: NA
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: Slawson Expl.
Well Name: Nix 1-15

Original Comp. Date: 10-6-92 Original Total Depth: 6450
____ 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 _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ (Recompletion Date) _____
3-29-06

API No. 15 - 175-21264-00-01
County: Seward
E/2 NE Sec. 15 Twp. 33 S. R. 33 East West
1320 feet from S N (circle one) Line of Section
660 feet from E W (circle one) Line of Section

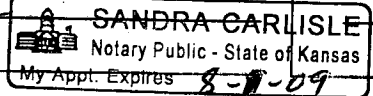
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Nix Well #: 1-15
Field Name: Evalyn-Condit
Producing Formation: Morrow
Elevation: Ground: 2819 Kelly Bushing: _____
Total Depth: 6450 Plug Back Total Depth: 6257
Amount of Surface Pipe Set and Cemented at 1700 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 WD NH 7-14-08
(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.: _____

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: Bill Carlisle
Title: Dist. Supt. Date: 7-9-07
Subscribed and sworn to before me this 9 day of July,
2007.
Notary Public: Sandra Carlisle
Date Commission Expires: 8-1-09


SANDRA CARLISLE
Notary Public - State of Kansas
My Appt. Expires 8-1-09

KCC Office Use ONLY
N Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received KANSAS CORPORATION COMMISSION
JUL 11 2007
UIC Distribution
CONSERVATION DIVISION
WICHITA, KS

Operator Name: First National Oil Co., Inc Lease Name: Nix Well #: 1-15
 Sec. 15 Twp. 33 S. R. 33 East West County: Seward

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

List All E. Logs Run:

CASING RECORD <input 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	12 1/4	8 5/8	24	1708	Lite Premium	570 150	2% CC, 1/4# Flocel
Production	7 7/8	4 1/2	10.5	6257	Class H	225	10% salt, 10%Thixad

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	6068-73,6134-40	750 gal. 7 1/2% 1500 gal. 7 1/2%	7 1/2%
2	6040-68,6132-42	No acid	
4	5746-60	1000 gal. 15% 40,000 gal water	
4	5784-5816	1500 gal. 15% with 5000# sand	
	Retrievable Bridge Plug @ 6000'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	5832	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
Sept. "06"	<input checked="" 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
	0	100	2		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

JUL 20 2007

Form ACO-
September 1999
Form Must Be Typed

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 06230
Name: First National Oil Co, Inc.
Address: 150 Plaza Drive Ste. B-3
City/State/Zip: Liberal, Kansas 67901
Purchaser: Anadarko
Operator Contact Person: Bill Carlisle
Phone: (620) 642-1664
Contractor: Name: Midwestern Well Service
License: _____
Wellsite Geologist: NA

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: Slawson Expl.
Well Name: Nix 1-15

Original Comp. Date: 10-6-92 Original Total Depth: 6450
____ 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 _____ Date Reached TD 3-29-06 Completion Date or (Recompletion Date) _____

API No. 15 - 175-21264-0001
County: Seward
E/2 NE . Sec. 15 Twp. 33 S. R. 33 East West
1320 feet from S (circle one) Line of Section
660 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Nix Well #: 1-15

Field Name: Evalyn-Condit

Producing Formation: Morrow

Elevation: Ground: 2819 Kelly Bushing: _____

Total Depth: 6450 Plug Back Total Depth: 6257

Amount of Surface Pipe Set and Cemented at 1700 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

(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.: _____

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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: Bill Carlisle

Title: Dist. Supt. Date: 3-15-07

Subscribed and sworn to before me this 15 day of March 2007.

Notary Public: Sandra Carlisle

Date Commission Expires: 8-1-09

SANDRA CARLISLE
Notary Public - State of Kansas
My Appl. Expires _____

KCC Office Use ONLY

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

Operator Name: First National Oil Co., Inc. Lease Name: Nix Well #: 1-15
 Sec. 15 Twp. 33 S. R. 33 East West County: Seward

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	# Sacjs Used	Type and Percent Additives
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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 <i>(Amount and Kind of Material Used)</i>		Depth
		Amount	Kind	
4	6068-73, 6134-40	750 gal.	7 1/2% 1500 gal.	7 1/2%
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	Retrievable Bridge Plug @ 6000'			

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	5832	-	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
Sept. "06"		<input checked="" type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 100 Mcf	Water 2 Bbls.	Gas-Oil Ratio	Gravity

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

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