

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Original
ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31431
Name: Barton Exploration, Inc.
Address: 623 W. 16th St.
City/State/Zip: Russell, Ks. 67665
Purchaser: N/A
Operator Contact Person: Lonnie Barton
Phone: (785) 483-9136
Contractor: Name: N/A
License: _____
Wellsite Geologist: _____

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: Larson Operations Company

Well Name: Holland A #2

Original Comp. Date: 6-29-94 Original Total Depth: 4100

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
 Plug Back 1525 Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. D-28,388

Spud Date or Recompletion Date	Date Reached TD	11-8-04 Completion Date or Recompletion Date
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API No. 15 - 195-22139-00-01

County: Trego Co. Ks

C NW NE Sec. 23 Twp. 13 S. R. 22 East West

4670 4606 feet from (S) N (circle one) Line of Section

1370 1431 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Holland A Well #: 2

Field Name: Holland

Producing Formation: N/A

Elevation: Ground: 2270 Kelly Bushing: 2275

Total Depth: 4100 Plug Back Total Depth: 1525

Amount of Surface Pipe Set and Cemented at 216 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1719 Feet

If Alternate II completion, cement circulated from 1719

feet depth to surface w/ 220 sx cmt.

Drilling Fluid Management Plan WOSWD NH 7-11-08
(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: Lonnie Barton

Title: Agent Date: 11-16-04

Subscribed and sworn to before me this 16 day of Nov

2004

Notary Public: Ina F. Petty

Date Commission Expires: 9-4-2005

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Rcvd' From UIC

INA F. PETTY
Notary Public - State of Kansas
My Appt. Expires 9-4-2005

Original

Side Two

Operator Name: Barton Exploration, Inc. Lease Name: Holland A Well #: 2
Sec. 23 Twp. 13 S. R. 22 East West County: Trego Co. Ks

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:

RECEIVED
NOV 18 2004
KCC WICHITA

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	# Sacks Used	Type and Percent Additives
Surface casing	12-1/4"	8 5/8	20 lb	217	60-40 poz	140	2%gel&3%CC
Production casing	7-7/8"	5 1/2	14 lb	4089.55	EA-2	150	5% calseal, 18% salt

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1525	Portland	one	None

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
	CIBP@1640 and CIBP@1525	1 sack portland on top of each CIBP40	
Two	40 shots from 1400 to 1420 - - - - -		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	1204.03	1204.03	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)
METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____