

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL
Form Must Be Typed

Form ACO-1
September 1999

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6170
Name: GLOBE OPERATING, INC.
Address: P.O. Box 12
City/State/Zip: Great Bend, KS 67530
Purchaser: _____
Operator Contact Person: Richard Stalcup
Phone: (620) 792-7607
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Jim Musgrove
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: _____
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. _____
6/16/07 6/23/07 6/23/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 063-21,666-0000
County: Gove
30 S of
C E/2-NW-NW Sec. 32 Twp. 14 S. R. 30W East West
690 feet from (N) (circle one) Line of Section
990 feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: PORTER Well #: 3
Field Name: Butterfield
Producing Formation: None
Elevation: Ground: 2726 Kelly Bushing: 2734
Total Depth: 4410 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 315.33 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.
(15sk In Rat Hole)(10sk In Mouse Hole)

Drilling Fluid Management Plan PA NH 7-15-08
(Data must be collected from the Reserve Pit)
Chloride content 14,000 ppm Fluid volume 320 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: Cheyenne Oil Service, Inc.
Lease Name: Briggs License No.: 7146
Quarter NW Sec. 36 Twp. 14 S. R. 29 East West
County: Gove Docket No.: D-28641

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: Richard Stalcup
Title: Prod. superintendent Date: 7-27-07
Subscribed and sworn to before me this 27th day of July,
20 07.
Notary Public: M. Lynne Wooster
Date Commission Expires: 4-2-11

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION

NOTARY PUBLIC - State of Kansas
M. LYNNE WOOSTER
My Appt. Exp. 4-2-11

AUG 07 2007

CONSERVATION DIVISION
WICHITA KS

Operator Name: GLOBE OPERATING, INC. Lease Name: PORTER Well #: 3
 Sec. 32 Twp. 14 S. R. 30W East West County: Gove

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) 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 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 Pipe	12 1/2	8 5/8	23	315.33	Common	190	2%Gel&3%CC

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

TUBING RECORD			Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed 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) _____

Production Interval

ALLIED CEMENTING CO., INC.

Federal Tax I.D.

28884

O P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
OARLEY

6-23-07 SEC. 32 TWP. 14S RANGE 30W CALLED OUT _____
 LEASE PORTER WELL # 3 LOCATION GOVE 105-10W-15-E IN ON LOCATION 5:00 PM JOB START 7:45 PM JOB FINISH 8:45 PM
 OLD OR NEW (Circle one) COUNTY GOVE STATE KS

CONTRACTOR DISCOVERY DRUG REG #1 OWNER SAME
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8" T.D. 4410'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH 2225'
 TOOL _____ DEPTH _____
 PRES. MAX _____ DEPTH _____
 MEAS. LINE _____ MINIMUM _____
 CEMENT LEFT IN CSG. _____ SHOE JOINT _____
 PERFS. _____
 DISPLACEMENT _____

CEMENT
 AMOUNT ORDERED
200 SKS 60/40 POZ-686E1 1/4 #10-SEAL

COMMON	<u>120 SKS</u>	@ <u>12.60</u>	<u>1512.00</u>
POZMIX	<u>80 SKS</u>	@ <u>6.75</u>	<u>540.00</u>
GEL	<u>10 SKS</u>	@ <u>16.25</u>	<u>162.50</u>
CHLORIDE		@	
ASC		@	

EQUIPMENT

PUMP TRUCK # 422 CEMENTER TERRY
 # 218 BULK TRUCK DRIVER DARRIN
 # _____ BULK TRUCK DRIVER _____

<u>PO-SEAL 50 #</u>	@ <u>2.00</u>	<u>100.00</u>
HANDLING	<u>212 SKS @ 1.90</u>	<u>402.80</u>
MILEAGE	<u>94 PER SKI RATE</u>	<u>992.76</u>
TOTAL		<u>3685.46</u>

REMARKS:

25 SKS AT 2225'
100 SKS AT 1125'
40 SKS AT 365'
10 SKS AT 40'
15 SKS RAT HOLE
10 SKS mouse HOLE

THANK YOU

CHARGE TO: GLOBE OPERATING, INC
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2225'
 PUMP TRUCK CHARGE 955.00
 EXTRA FOOTAGE @ _____
 MILEAGE 52 MI @ 6.00 312.00
 MANIFOLD @ _____
 TOTAL 1267.00

PLUG & FLOAT EQUIPMENT

1-878 DRY HOLE PLUG 35.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 35.00

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

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.

SIGNATURE Cliff Mayfield

PRINTED NAME

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 07 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

Federal Tax I.I

28597

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

SERVICE POINT: Oakley

DATE <u>6-16-07</u>	SEC <u>32</u>	TWP. <u>14S</u>	RANGE <u>30U</u>	CALLED OUT	ON LOCATION <u>8:00 PM</u>	JOB START <u>10:00</u>	JOB FINISH <u>10:30</u>
LEASE <u>Porter</u>	WELL # <u>3</u>	LOCATION <u>Gove 105-11W-34S-6S</u>			COUNTY <u>Gove</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Discovery Drilling Co #
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 316'
 CASING SIZE 8 5/8 DEPTH 315
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT 19-133L

OWNER Same

CEMENT
 AMOUNT ORDERED 190 SKS COM
3% CC - 2% CA

COMMON	<u>190 SKS</u>	@	<u>12.60</u>	<u>2,394.00</u>
POZMIX		@		
GEL	<u>4 - SKS</u>	@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	<u>7 SKS</u>	@	<u>46.60</u>	<u>326.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>201 SKS</u>	@	<u>1.90</u>	<u>381.90</u>
MILEAGE	<u>94.70 SK/mile</u>			<u>940.68</u>
TOTAL				<u>4,109.38</u>

EQUIPMENT

PUMP TRUCK CEMENTER Walt
 # 102 HELPER Loonie
 BULK TRUCK
 # 377 DRIVER Rex
 BULK TRUCK
 # DRIVER

REMARKS:

Cement Did Cure

CHARGE TO: Globe Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE 815.00
 EXTRA FOOTAGE @ _____
 MILEAGE 52 - miles @ 6.00 312.00
 MANIFOLD @ _____
 @ _____
 @ _____
 @ _____

TOTAL 1,127.00

PLUG & FLOAT EQUIPMENT

8 5/8
1 - Surface Plug @ 60.00
 @ _____
 @ _____
 @ _____
 @ _____

TOTAL 60.00

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 [Signature]

PRINTED NAME RECEIVED
 KANSAS CORPORATION COMMISSION
 AUG 07 2007
 CONSERVATION DIVISION
 WICHITA, KS