

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 13 2007

Form ACO-1
September 1999
Form Must Be Typed

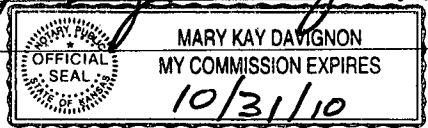
Operator: License # 33306
Name: BLAKE EXPLORATION
Address: BOX 150
City/State/Zip: BOGUE KANSAS 67625
Purchaser:
Operator Contact Person: MIKE DAVIGNON
Phone: (785) 421-2921
Contractor: Name: AMERICAN EAGLE DRILLING
License: 33492
Wellsite Geologist: MIKE DAVIGNON
Designate Type of Completion:
New Well 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.
2/22/06 3/06/06
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 051254900000
County: ELLIS
C SW SW SW Sec. 7 Twp. 11 S. R. 21 East West
330' feet from S / N (circle one) Line of Section
330' feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: SUSSMAN Well #: 1
Field Name:
Producing Formation:
Elevation: Ground: 2076 Kelly Bushing: 2081
Total Depth: 3670 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at 222' 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 - PA NH 7-15-08
(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: *[Signature]*
Title: u.p. Date: 8-8-07
Subscribed and sworn to before me this 8 day of August
20 07
Notary Public: *Mary Kay Davignon*
Date Commission Expires:



KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date:
✓ Wireline Log Received
Geologist Report Received
UIC Distribution

✓

Operator Name: BLAKE EXPLORATION Lease Name: SUSSMAN
 Sec. 7 Twp. 11 S. R. 21 East West County: ELLIS

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 (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: R/A GUARD, SONIC, BY LOG-TECH	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>ANHYDRITE</td> <td>1460</td> <td></td> </tr> <tr> <td>HEEBNER</td> <td>3321</td> <td></td> </tr> <tr> <td>LANSING</td> <td>3360</td> <td></td> </tr> <tr> <td>ARBUCKLE</td> <td>NA</td> <td></td> </tr> </table>	Name	Top	Datum	ANHYDRITE	1460		HEEBNER	3321		LANSING	3360		ARBUCKLE	NA	
Name	Top	Datum														
ANHYDRITE	1460															
HEEBNER	3321															
LANSING	3360															
ARBUCKLE	NA															

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	12 1/4"	8 5/8"	24#	222'	COM	160	

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. 25077

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

SERVICE POINT
Point

DATE <i>2-1-07</i>	SEC. <i>7</i>	TWP. <i>11</i>	RANGE <i>19</i>	CALLED OUT	ON LOCATION <i>11/9/06</i>	JOB START <i>1/25/07</i>	JOB FINISH <i>2/1/07</i>
LEASE <i>S</i>	WELL # <i>1</i>	LOCATION <i>Flk. 12 to River Rd. west</i>			COUNTY <i>21</i>	STATE <i>Kansas</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *A. S. E. Co.*

TYPE OF JOB _____

HOLE SIZE _____ T.D. *220*

CASING SIZE *4 1/2* DEPTH *220*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT *1.5*

OWNER _____

CEMENT AMOUNT ORDERED *175 Gal. 370*

COMMON _____ @ _____

POZMITX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER _____

402 HELPER _____

BULK TRUCK _____

2 DRIVER _____

BULK TRUCK _____

_____ DRIVER _____

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 13 2007
CONSERVATION DIVISION
WICHITA KS

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

CHARGE TO: *Russell*

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

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.

PLUG & FLOAT EQUIPMENT

1.82 _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SIGNATURE _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____