

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3910
Name: L D Hale
Address: 15000 Timber Lake Road
City/State/Zip: Wichita, KS 67230
Purchaser: N/A
Operator Contact Person: W. L. Kirkman
Phone: (316) 838-0093
Contractor: Name: McPherson
License: 5495

Wellsite Geologist: _____

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. _____

12/14/06 12/29/06 1/5/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 451-22235-0000 IS-151-22253-0000
County: Pratt

N2-NE-NE Sec. 35 Twp. 27 S. R. 11 East West
4050.330 feet from N (circle one) Line of Section
1305.660 feet from E (circle one) Line of Section
KCC per operator KGR
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Wells Well #: 2-35

Field Name: Cunningham

Producing Formation: Chase

Elevation: Ground: 1685 Kelly Bushing: 1684

Total Depth: 1690 Plug Back Total Depth: 1690

Amount of Surface Pipe Set and Cemented at 280 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 alt I KGR 3/6/08
(Data must be collected from the Reserve Pit)

Chloride content 120,000 ppm Fluid volume 240 bbls

Dewatering method used N/A

Location of fluid disposal if hauled offsite: _____

Operator Name: Bobs Hauling Service

Lease Name: Siefkes License No.: 33779

Quarter _____ Sec. 13 Twp. 22 S. R. 12 East West

County: Stafford Docket No.: D22209

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: L D Hale

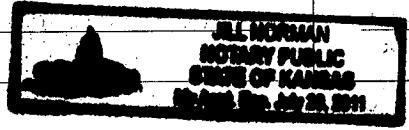
Title: OWNER Date: 9/26/07

Subscribed and sworn to before me this 26 day of Sept.

07

Notary Public: Jill Norman

Date Commission Expires: 7/20/2011



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 26 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: L D Hale Lease Name: Wells Well #: 2-35
 Sec. 35 Twp. 27 S. R. 11 East West County: Pratt

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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">Sonic Bond Gamma Ray Neutron Caliper</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Chase 1565 +120
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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	11"	7"	17	280	Poz/Mix	90	3% cc
Production	6 3/4	4.5"	10.2	1682	Common	50	10% 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 type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

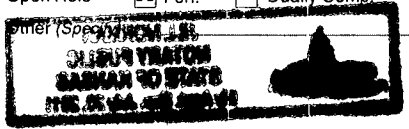
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4	1594-88	500 Gal 15% MCA	
4	1572-75	1,000 Gal 15%	

TUBING RECORD	Size <u>2 3/8</u>	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>none</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>15</u>	Water Bbls. <u>50 bbs</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	Production Interval
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FIELD ORDER N° C 031195

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-15 2006

IS AUTHORIZED BY: L.O. Hale
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Wells Well No. 2-35 Customer Order No. _____

Sec. Twp. Range SURFACE County KINGMAN State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
4101	85	MILEAGE Pickup	1.00	85.00
4101	85	MILEAGE Pump Truck	3.00	255.00
4101	1	Pump Charge		600.00
4601	2	CALCIUM Chloride	30.00	60.00
4600	90	60/40 P02 2% Gel	7.70	693.00
RECEIVED KANSAS CORPORATION COMMISSION SEP 26 2007 REGULATION DIVISION				
4200		Bulk Charge	MIN	150.00
4201		Bulk Truck Miles	MIN	150.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				1993.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Dean

Station 6B

Wayne Kickman
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 031500

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 12-28 2006

IS AUTHORIZED BY: L. O. Hale (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Wells Well No. 2-35 Customer Order No. _____

Sec. Twp. Range Production County WATSON State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
MILE	80	MILEAGE	1.00	80.00
MILE	80	MILEAGE	3.00	240.00
MILE	1	PUMP CHARGE		900.00
MILE	1	4 1/2" FLOAT SHOE		285.00
MILE	1	4 1/2" WIPEO PLUG		65.00
MILE	50	COMMON	10.05	502.50
MILE	5	FLUID LOSS & CFR-2	115.00	575.00
MILE	500	SALT	.20	100.00
RECEIVED KANSAS CORPORATION COMMISSION SEP 26 2007 CONSERVATION DIVISION WICHITA, KS				
MILE		Bulk Charge	MIN	150.00
MILE		Bulk Truck Miles	MIN	150.00
Process License Fee on _____ Gallons				
TOTAL BILLING				2694.304750

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Hib. Curtis

Station 6B

Wayne Kirkman
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS