

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

Operator: License # 7076
Name: BLACK DIAMOND OIL, INC.
Address: P.O. Box 641
Hays, KS 67601
City/State/Zip: Hays, KS 67601
Purchaser: Coffeyville Resources
Operator Contact Person: Kenneth Vehige
Phone: (785) 625-5891
Contractor: Name: Gaschler Pulling Service, Inc.
License: 33772
Wellsite Geologist: Kenneth Vehige

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: Oxy USA, Inc.

Well Name: Kitzke #1
Original Comp. Date: 4/28/42 Original Total Depth: 3606
 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. _____

10/23/06 11/6/06 12/6/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 137005960001
County: NORTON
NE NE SE SE Sec. 36 Twp. 5 S. R. 21 East West
2310 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: Wyrill Well #: 1
Field Name: Ray

Producing Formation: Lansing KC
Elevation: Ground: 2180 Kelly Bushing: 2185
Total Depth: 3605 Plug Back Total Depth: 3550
Amount of Surface Pipe Set and Cemented at 152 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.
See plugging report

Drilling Fluid Management Plan *Also with 12-28-07*
(Data must be collected from the Reserve Pit)
Chloride content 70,000 ppm Fluid volume 160 bbls
Dewatering method used Haul to disposal
Location of fluid disposal if hauled offsite:
Operator Name: Black Diamond Oil, Inc.
Lease Name: Vehige License No.: 7076
Quarter 33 Sec. 33 Twp. 60 S. R. 20 East West
County: Rooks Docket No.: d-23-315

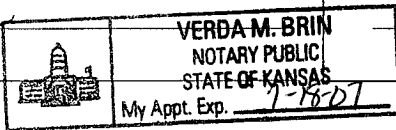
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Owner Date: 2/22/07

Subscribed and sworn to before me this 22 day of February,
20 07.

Notary Public: Verda M. Brin
Date Commission Expires: 7-18-07



KCC Office Use ONLY

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

RECEIVED
FEB 28 2007

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Operator Name: BLACK DIAMOND OIL, INC. Lease Name: Wyrill Well #: 1
 Sec. 36 Twp. 5 S. R. 21 East West County: NORTON

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)

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Anhydrite	1752 +433
	Heebner	3324 -1139
	Lansing KC	3364 -1179
	Base KC	3554 -1369
	Reagan Sand	3602 -1417

List All E. Logs Run: Gamma Ray Neutron
Cement Bond Log-1800' Surface
Gamma Ray Collar-1800'-Surface

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	28#	152'	Comm	125	3%CC
Production	7-7/8	5 1/2	14#	3602	Comm	100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD	1100'	Comm	125	3% CC
<input type="checkbox"/> Plug Off Zone	1750'	Comm	100	3% CC

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
1	3519	750 Gals 15%	
1	3501	750 Gals 15%	
4	3431-39	250 Gals 15% MCA	
4	3349-54	750 Gals 15%	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8	3520	None	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method		
1/4/07		<input 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
	7	0	10	30

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____
 (If vented, Submit ACO-18.)

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