

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

ORIGINAL

Operator: License # 5259
Name: MAI OIL OPERATIONS, INC.
Address P.O. BOX 33
City/State/Zip RUSSELL, KS. 67665
Purchaser: N/A
Operator Contact Person: ALLEN BANGERT
Phone: (85) 483 2169
Contractor: Name: MURFIN DRILLING CO., INC.
License: 30606
Wellsite Geologist: TODD MORGENSTERN
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:

Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
10-26-04 10-31-04 10-31-04
Spud Date Date Reached TD Completion Date

API NO. 15- 163-23432-00-00
County ROOKS
90' N SE NE SE Sec. 28 Twp. 9 Rge. 19 X ^E _W
1740 Feet from S (circle one) Line of Section
330 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE NW or SW (circle one)
Lease Name GILLILAND Well # 2
Field Name ZURICH TOWNSITE
Producing Formation N/A
Elevation: Ground 2199' KB 2204'
Total Depth 3725' - PBD
Amount of Surface Pipe Set and Cemented at 218' 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 P+A KGR 2/15/08
(Data must be collected from the Reserve Pit)

Chloride content 22,000 ppm Fluid volume 100 bbls
Dewatering method used LET DRY
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter Sec. Twp. S Rng. E/W.
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 on 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 Allen Bangert
Title PROD. SUPT. Date 11-30-04
Subscribed and sworn to before me this 30th day of November, 2004.
Notary Public Susan Tomasi
Date Commission Expires _____

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)



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DEC 02 2004

KCC WICHITA

SIDE TWO

Operator Name MAI OIL OPERATIONS, INC.

Lease Name GILLILAND

Well # 2

Sec. 28 Twp. 9 Rge. 19

East
 West

County JARROKS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken
(Attach Additional Sheets.)

Yes No

Samples Sent to Geological Survey

Yes No

Cores Taken

Yes No

Electric Log Run
(Submit Copy.)

Yes No

List All E.Logs Run: RADIATION-GUARD, SONIC

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
ANHYDRITE	1584'	620
BASE ANHY	1616'	588
TOPEKA	3150'	-946
HEEBNER	3355'	-1151
TORONTO	3376'	-1172
LANSING	3394'	-1190
BASE KANSAS CITY	3609'	-1405
CONGLOMERATE	3614'	-1410
WEATHERED ARBUCKLE	3634'	-1430
ARBUCKLE	3644'	-1440

CASING RECORD

New 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"	20#	218'	COMMON	160	2% GEL 3% CC

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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 Inj.		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

Production Interval

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

ALLIED CEMENTING CO., INC.

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>10/31/04</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3:00pm</u>	JOB START	JOB FINISH <u>6:30pm</u>
LEASE <u>Billiland</u>	WELL # <u>2</u>		LOCATION <u>Zurich 1/4 N W 1/4</u>	COUNTY <u>Reels</u>	STATE <u>Ks</u>		
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR Murfin #116

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8" T.D. 3225'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 215 60/40 690 611
1/4# Flo seal

COMMON	<u>130</u>	@	<u>7.85</u>	<u>1020.50</u>
POZMIX	<u>85</u>	@	<u>4.10</u>	<u>348.50</u>
GEL	<u>13</u>	@	<u>11.00</u>	<u>143.00</u>
CHLORIDE		@		
ASC		@		
<u>FLO-SEAL</u>	<u>54</u>	@	<u>1.40</u>	<u>75.60</u>

EQUIPMENT

PUMP TRUCK CEMENTER Paul

3666 HELPER Shane

BULK TRUCK

362 DRIVER Gary

BULK TRUCK

_____ DRIVER _____

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DEC 02 2004

KCC WICHITA

HANDLING	<u>228</u>	@	<u>1.35</u>	<u>307.80</u>
MILEAGE	<u>59 SK/MILE</u>			<u>592.80</u>
				TOTAL <u>2488.20</u>

REMARKS:

Ann - 25 SK

1/2 25 - 25 SK

975 - 100 SK

225 - 40 SK

40 - 10 SK

Rathole 15 SK

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE 570.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 52 @ 4.00 208.00

MANIFOLD _____ @ _____

898 DRYHOLE @ _____ 23.00

CHARGE TO: Mai Oil Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 801.00

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment

