

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 6015
 Name: Cambria Corporation
 Address: P.O. Box 1065
Great Bend, Kansas 67530
 Purchaser: To be determined (ONEOK ??)
 Operator Contact Person: Robert D. Dougherty
 Phone: (620) 793-9055
 Contractor: Name: None
 License: _____
 Wellsite Geologist: None

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: Aspen Drilling Co.

Well Name: #1 Tindall
 Original Comp. Date: 9/20/73 Original Total Depth: 1722 ft.
 ___ 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. _____

Re-opened Oct. 20, 2006

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 009-20744-00-01
 County: Barton
S2-N2-NW Sec. 22 Twp. 18 S. R. 13w East West
990 FNL feet from S (circle one) Line of Section
1329 FWL feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Tindall Well #: 1
 Field Name: Homestead North
 Producing Formation: Chase Group

Elevation: Ground: 1805 Kelly Bushing: 1810
1722' Total Depth: 1720' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 710 ft. 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
 (Data must be collected from the Reserve Pit) ALTI WITH
12-12-07
No New Drilling Operations
 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: Robert D. Dougherty
 Title: President Date: Oct. 25, 2006

Subscribed and sworn to before me this 25th day of October

Notary Public: Heather M. Harting

Date Commission Expires: 3-3-10

**HEATHER M. HARTING
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 3/3/10**

KCC Office Use ONLY

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

**RECEIVED
OCT 27 2006
KCC WICHITA**

Operator Name: Cambria Corporation Lease Name: Tindall Well #: 1
 Sec. 22 Twp. 18 S. R. 13 W. East West County: Barton

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>No New Logs</u> <u>No New Tests</u>	<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:60%;">Name</td> <td style="width:20%; text-align: center;">Top</td> <td style="width:20%; text-align: center;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td style="text-align: center;">704</td> <td style="text-align: center;">+1106</td> </tr> <tr> <td>Base Anhydrite</td> <td style="text-align: center;">726</td> <td style="text-align: center;">+1084</td> </tr> </table> <p>Note: This well was shut-in. SIP=240# Re-opened 10/20/06 to test. Casing & Tubing in hole. Shut-in Waiting on Market Working on Equipment</p>	Name	Top	Datum	Anhydrite	704	+1106	Base Anhydrite	726	+1084
Name	Top	Datum								
Anhydrite	704	+1106								
Base Anhydrite	726	+1084								

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	12 1/4"	8 5/8"	?	710ft.	Common	375	3%gel
Production	7 7/8"	5 1/2"	?	1721 ft.	Pozmix	50	2%gel

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	NA	NA	NA	NA

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
2	1700-1702 1709-1718	Acid/750gal	1718
2	1623-1634 1646-1654	Acid/1000gal	1654
2	1595-1604	Acid/500gal	1604

TUBING RECORD	Size 2 3/8"	Set At 1604 ft.	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	--------------------	-------------------	---

Date of First, Resumerd Production, SWD or Enhr. <u>10/20/06 (Shut-In)</u>	Producing Method <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

Disposition of Gas Shut-In METHOD OF COMPLETION Production Interval 1595-1718

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