

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

ORIGINAL

Operator: License # 31897

API No. 15 - 135-24117-0000

Name: Foundation Resources, LLC

County: Ness

Address: P.O. Box 789

SW NW SW Sec. 19 Twp. 17 S. R. 25 East West

City/State/Zip: Goddard, KS 67052

1700 feet from N (circle one) Line of Section

Purchaser: _____

340 feet from E W (circle one) Line of Section

Operator Contact Person: Robert Stolzle

Footages Calculated from Nearest Outside Section Corner:

Phone: (316) 794-3400

(circle one) NE SE NW SW

Contractor: Name: Discovery Drilling

Lease Name: Otto Popp Well #: 1

License: 31548

Field Name: Lazy 17

Wellsite Geologist: Robert Stolzle

Producing Formation: Miss. Warsaw

Designate Type of Completion:

Elevation: Ground: 2464' Kelly Bushing: 2472'

New Well Re-Entry Workover

Total Depth: 4492' Plug Back Total Depth: _____

Oil SWD SLOW Temp. Annular Seal

Amount of Surface Pipe Set and Cemented at 222 Feet

Gas ENHR SIGW

Multiple Stage Cementing Collar Used? Yes No

Dry Other (Core, WSW, Expl., Cathodic, etc.)

Yes, show depth set _____ Feet

If Workover/Re-entry: Old Well Info as follows:

If Alternate II completion, cement circulated from _____

Operator: _____

feet depth to _____ w/ _____ sx cmt.

Well Name: _____

Drilling Fluid Management Plan PJA KYR 12/19/07
(Data must be collected from the Reserve Pit)

Original Comp. Date: _____ Original Total Depth: _____

Chloride content 4,000 ppm Fluid volume 500 bbls

Deepening Re-perf. Conv. to Enhr./SWD

Dewatering method used evaporation

Plug Back Plug Back Total Depth

Location of fluid disposal if hauled offsite: _____

Commingled Docket No. _____

Operator Name: _____

Dual Completion Docket No. _____

Lease Name: _____ License No.: _____

Other (SWD or Enhr.?) Docket No. _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

10/30/2000 11/6/2000 11/6/2000

County: _____ Docket No.: _____

Spud Date or _____ Date Reached TD _____ Completion Date or _____

Recompletion Date _____ Recompletion Date _____

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 Stolzle

Title: Member Date: 2/27/2001

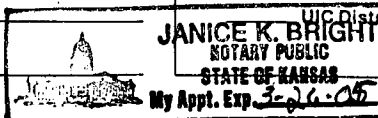
Subscribed and sworn to before me this 10TH day of APRIL

Notary Public: Janice K. Bright

Date Commission Expires: MARCH 26, 2005

KCC Office Use ONLY

- Letter of Confidentiality Attached
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received



Operator Name: Foundation Resources, LLC Lease Name: Otto Popp Well #: 1
 Sec. 19 Twp. 17 S. R. 25 East West County: Ness

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 checked="" type="checkbox"/> Yes <input 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: <u>Dual Induction</u> <u>Neutron-Density Porosity</u> <u>Sonic</u> <u>Frac Finder</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Stone Corral Anhy.</td> <td>1800</td> <td>+672</td> </tr> <tr> <td>Heebner Shale</td> <td>3762</td> <td>-1290</td> </tr> <tr> <td>Lansing Gp.</td> <td>3800</td> <td>-1328</td> </tr> <tr> <td>Base KS City Gp.</td> <td>4107</td> <td>-1635</td> </tr> <tr> <td>Ft. Scott Ls.</td> <td>4305</td> <td>-1833</td> </tr> <tr> <td>Mississippian</td> <td>4400</td> <td>-1928</td> </tr> </tbody> </table>	Name	Top	Datum	Stone Corral Anhy.	1800	+672	Heebner Shale	3762	-1290	Lansing Gp.	3800	-1328	Base KS City Gp.	4107	-1635	Ft. Scott Ls.	4305	-1833	Mississippian	4400	-1928
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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	# Sacjs Used	Type and Percent Additives
Surface	12 1/2"	8 5/8"	25	222'	60-40 poz	150	3% CaCl

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
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	Production Interval <input type="checkbox"/> Other (Specify) _____
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ALLIED CEMENTING CO., INC. 5360

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

SERVICE POINT: OAKLEY

ORIGINAL

DATE <u>11-6-00</u>	SEC <u>19</u>	TWP. <u>17S</u>	RANGE <u>25W</u>	CALLED OUT	ON LOCATION <u>11:45 AM</u>	JOB START <u>2:15 PM</u>	JOB FINISH <u>4:30 PM</u>
LEASE <u>Old Popp</u>	WELL # <u>1</u>	LOCATION <u>WICA 3 1/2 E-6S-1 1/2 W</u>			COUNTY <u>NESS</u>	STATE <u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR DISCOVERY DRILL RIG #1 OWNER SAME

TYPE OF JOB PTA

HOLE SIZE 7 1/4" T.D. 4491'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 1850'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK _____

218 DRIVER ANDREW

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

50SKS AT 1850'
80SKS AT 1100'
40SKS AT 400'
40SKS AT 230'
10SKS AT 40'
15SK RMT HOLE

THANK YOU

CHARGE TO: FOUNDATION RESOURCES LLC.

STREET _____

CITY _____ STATE _____ ZIP _____

CEMENT AMOUNT ORDERED 235SKS 60# 026968L 1/4 3

	RECEIVED
COMMON _____	KANSAS CORPORATION COMMISSION
POZMIX _____	@ _____
GEL _____	APR 10 2001
CHLORIDE _____	@ _____
	@ _____
	CONSERVATION DIVISION
	WICHITA, KS
	@ _____
	@ _____
HANDLING _____	@ _____
MILEAGE _____	@ _____

TOTAL _____

SERVICE

DEPTH OF JOB 1850'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 8 5/8 DRY HOLE @ _____

_____ @ _____

_____ @ _____

TOTAL _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment
and furnish cementer and helper to assist owner or