

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 # 3180
 Name: Deutsch Oil Company
 Address: 8100 E. 22nd Street North, Bldg. 600,
 City/State/Zip: Wichita, Kansas 67226
 Purchaser: _____
 Operator Contact Person: Kent Deutsch
 Phone: (316) 681-3567
 Contractor: Name: Express Well Service
 License: 6426
 Wellsite Geologist: _____
 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/Re-entry: Old Well Info as follows:
 Operator: Grahamhart-Miller
 Well Name: #1 Boyd
 Original Comp. Date: 03-02-56 Original Total Depth: 3925
 _____ 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. _____

| 09-25-06 | 09-26-06 | |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 145-301660002
 County: Pawnee
 _____ NW _____ NE Sec. 12 Twp. 22 S. R. 16 East West
4950 feet from 6 N (circle one) Line of Section
2310 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Meyer Farms Well #: 1-12 OWWO
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 1992 Kelly Bushing: _____
 Total Depth: 160 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 665 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/ _____

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 20,000 ppm Fluid volume 20 bbls
 Dewatering method used Water Truck
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Pntail Petroleum
 Lease Name: Dipman SWDW License No.: 5081
 Quarter SW Sec. 34 Twp. 21 S. R. 16 East West
 County: Pawnee Docket No.: _____

PA-Dlg-11/26/08

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: _____
 Title: Owner Date: 11-24-06
 Subscribed and sworn to before me this 24th day of November
 2006
 Notary Public: Karri Knox Wolken
 Date Commission Expires: _____

KARRI KNOX WOLKEN
 Notary Public - State of Kansas
 My Appt. Expires 9/28/09

KCC Office Use ONLY

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

RECEIVED
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Operator Name: Deutsch Oil Company Lease Name: Meyer Farms Well #: 1-12 OWWO
 Sec. 12 Twp. 22 S. R. 16 East West County: Pawnee

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| 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 | 10 3/4" | 8 5/8" | | 665 | common | 300 | |
| | | | | | | | |
| | | | | | | | |

| 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 | | Acid, Fracture, Shot, Cement Squeeze Record | |
|----------------|---|--|---|-------|
| | Specify Footage of Each Interval Perforated | | (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, 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) | | |
| 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 Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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FIELD ORDER N° C 031118

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

DATE 9-26 2006

IS AUTHORIZED BY: KENT DEUTSCH
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Meyer Well No. 1 Customer Order No. _____

Sec. Twp. _____
Range _____ County Pawnee 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 |
|----------------------|-----------|---|------------------------|--------------------------|
| <u>MILE</u> | <u>25</u> | <u>Mileage Pickup</u> | <u>1⁰⁰</u> | <u>25⁰⁰</u> |
| <u>M101</u> | <u>25</u> | <u>Mileage Pump Truck</u> | <u>3⁰⁰</u> | <u>75⁰⁰</u> |
| <u>M100</u> | <u>1</u> | <u>Pump Charge</u> | | <u>500⁰⁰</u> |
| <u>M1000</u> | <u>75</u> | <u>60/40 For</u> | <u>7⁷⁰</u> | <u>577⁵⁰</u> |
| <u>M050</u> | <u>3</u> | <u>4% Add Gel</u> | <u>10⁰⁰</u> | <u>30⁰⁰</u> |
| | | <u>Bulk Charge</u> | <u>MIN</u> | <u>150⁰⁰</u> |
| | | <u>Bulk Truck Miles</u> | <u>MIN</u> | <u>150⁰⁰</u> |
| | | <u>Process License Fee on _____ Gallons</u> | | |
| TOTAL BILLING | | | | <u>1507⁵⁰</u> |

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 A.G. CURTIS

Station OB

Fred Beck RECEIVED
Well Owner, Operator or Agent

Remarks _____

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NET 30 DAYS

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