

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31171
 Name: Continental Operating Co.
 Address: 1 Houston Center, 1221 McKinney Ste 3700
 City/State/Zip: Houston Tx. 77010
 Purchaser: _____
 Operator Contact Person: _____
 Phone: (713) 209-1110
 Contractor: Name: Western Well Service
 License: 32128
 Wellsite Geologist: _____
 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: V. D. Sidey
 Well Name: Eckert #4
 Original Comp. Date: 8/3/53 Original Total Depth: 3378'
 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. _____
 6/23/06 7/31/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 163-02984 - 00 - 01
 County: Rooks
 NE SE SE Sec. 5 Twp. 8 S. R. 17 East West
800' 884 feet from (S) N (circle one) Line of Section
330' 360 feet from (E) W (circle one) Line of Section
 Footages Calculated from GPS-KCC-DIG farthest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Eckert Well #: 4
 Field Name: Lone Star
 Producing Formation: none
 Elevation: Ground: 1925' Kelly Bushing: _____
 Total Depth: 916' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 117' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from well plugged
 feet depth to _____ w/ _____ sx cmt.
 Drilling Fluid Management Plan PA AHTJ NKG TR OS
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume 165 bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Continental Operating Co.
 Lease Name: Stamper "C" License No. 31171
 Quarter _____ Sec. 32 Twp. 8 S. R. 17 East West
 County: Rooks Docket No. E26,843 - 0003

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 walls. 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: Gregory A. Mitschke
 Title: Senior Vice President Date: _____
Continental Operating Co.
 Subscribed and sworn to before me this 5th day of January
2007.
 Notary Public: Kelly J. Hall
 Date Commission Expires: 5-12-09



KELLY J. HALL
 Notary Public, State of Texas
 My Commission Expires 05-12-09

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes No Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 11 2007

CONSERVATION DIVISION
 WICHITA, KS

Slide Two

Operator Name: Continental Operating Co. Lease Name: Eckert Well #: 4
 Sec. 5 Twp. 8 S. R. 17 East West County: Rooks

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 Shoots)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 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

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
Date of First, Resumed 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

RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 11 2007
 CONSERVATION DIVISION
 WICHITA, KS
 PAGE. 06