

** CORRECTED

Form ACO-1

Oil & Gas Conservation Division

September 1999

WELL COMPLETION FORM

Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License 32406
 Name: Phoenix Kansas Energy, LLC.
 Address: 536 North Highland
 City/State/Zip: Chanute, Kansas 66720
 Purchaser: Plains Marketing
 Operator Contact Person: Bob Barnett
 Phone: (316) 431 - 2650
 Contractor: Name: Kelly Down Drilling
 License: 5661
 Wellsite Geologist: _____
 Designate Type of Completion:

New Well Re-Entry Workover Temp. Abd.
 Oil SWD SIOW
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

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

Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original TD: _____
 Deepening _____
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
2/8/00 2/9/00 2/17/00
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 207 - 265490000 **
 County: Woodson
52 E2 W2 Sec. 35 Twp. 23 R 16 East
2640 feet from S / N (circle one) Line of Section
2970 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Alexander B Well # PO-4
 Field Name: Vernon
 Producing Formation: Squirrel
 Elevation: Ground 1008.5 Kelly Bushing: _____
 Total Depth: 1060' Plug Back TD: 1035.9'

Amount of Surface Pipe Set and Cemented: 44.1
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____
 If Alternate II completion, cement circulated from 1055
 feet depth to surface w/ 172 sx. cmt.

Drilling Fluid Management Plan *Alt II KGR 1/03/08*
 (Data must be collected from the Reserve Pit) *correct*
 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 filled 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 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 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: Bob Barnett
 Title: Operations Manager Date: 3/19/01

Subscribed and sworn to before me this 19th day of March, 2001

Notary Public: Karen M. Willey
 Date Commission Expires: _____


KCC Office Use Only

Letter of Confidentiality Attached
 If denied, Yes Date _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: **Phoenix Kansas Energy, LLC.** Lease Name: **Alexander B** Well #: **PO-4**

Sec. **35** Twp. **23** s R **16** East West

Instructions: Show important tops and base formations penetrated. Detail all cores. Report all final copies of drill stems test giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressure, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with the chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wiring 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 type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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 Used	# Sacks Used	Types and Percent Additives
Surface	10 5/8"	7"		44.10'	Portland	6	2 sxs cal chl
Production	5 5/8"	2 7/8"		1055'	"	172	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	976'-983'	150 gallons 15% HCl	
		100 lbs. rock salt; 50 lbs. frac gel	
		200 lbs. 20/40 sand	
		1600 lbs. 12/20 sand	

TUBING RECORD	Size None	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 2/23/00	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. 2	Gas Mcf	Water Bbls. 0.5	Gas-Oil Ratio	Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	Method of Completion <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	Production Interval <input type="checkbox"/> Other (Specify) _____
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