

**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 # 5091
Name: Howell Oil Co., Inc.
Address: 2400 Riverbirch Rd.
City/State/Zip: Hutchinson, KS. 67502
Purchaser: NCRA
Operator Contact Person: Larry Ressler
Phone: (620) 664-0597
Contractor: Name: Warren Drilling
License: 33724
Wellsite Geologist: Joe M. Baker

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: _____

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 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. _____

<u>11-10-2007</u>	<u>11-15-2007</u>	<u>12-03-2007</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 155-21526-0000
County: Reno
NW NE NW Sec. 24 Twp. 23S S. R. 4 East West
330 feet from S / (N) (circle one) Line of Section
1650 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Thiessen Well #: 3

Field Name: Burton
Producing Formation: Mississippi
Elevation: Ground: 1464 Kelly Bushing: 1472

Total Depth: 3450 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 259 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 ALT IWH
(Data must be collected from the Reserve Pit) 2-22-08
Chloride content 3000 ppm Fluid volume 600 bbls
Dewatering method used Displace W/ Chemical Mud

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: [Signature]
Title: Superintendent Date: 1-31-08
Subscribed and sworn to before me this 31st day of January,
20 08.

Notary Public: Judd A. Durner
Date Commission Expires: 6-16-2010

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received

RECEIVED
KANSAS CORPORATION COMMISSION

UIC Distribution
JUDD A. DURNER
Notary Public - State of Kansas
My Appt. Expires 10-16-2010

FEB 07 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Howell Oil Co., Inc. Lease Name: Thiessen Well #: 3
 Sec. 24 Twp. 23S S. R. 4 East West County: Reno

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron Cement Bond Log	<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%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippian</td> <td>3260</td> <td>-1788</td> </tr> </table>	Name	Top	Datum	Mississippian	3260	-1788
Name	Top	Datum					
Mississippian	3260	-1788					

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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	13 3/4	10 3/4	35	259	Class A	175	2 % gel-3 % CC
Production	7 7/8	5 1/2	14	3400	60/40 Poz	200	2 % gel-latex

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
4	3316-20	500 gal. 15% Mud Acid	

TUBING RECORD	Size 2 7/8	Set At 3360	Packer At None	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 1-25-2008		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. 10	Gas Mcf 0	Water Bbls. 300	Gas-Oil Ratio
				Gravity 38

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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KANSAS CORPORATION COMMISSION

FEB 07 2008

CONSERVATION DIVISION
WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 12251
 LOCATION El Dorado #20
 FOREMAN Jim Thomas

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-07	8631	Theissen #3	24	235	4W	Donna
CUSTOMER Howell Oil Co. Inc.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2400 River Birch Rd			446	Jacob		
CITY STATE ZIP CODE Hutchinson Ks 67502			491	Todd		

JOB TYPE Long String HOLE SIZE 7 7/8" HOLE DEPTH 3460ft. CASING SIZE & WEIGHT 5 1/2" 14.0#
 CASING DEPTH 3400ft. DRILL PIPE _____ TUBING _____ OTHER Flow
 SLURRY WEIGHT 14.5-15.0 SLURRY VOL _____ WATER gal/sk 7 CEMENT LEFT in CASING 200#
 DISPLACEMENT 12.575BV DISPLACEMENT-PSI _____ 1000# RATE _____

REMARKS: Soft Mating Drop Ball & Rig up to 5 1/2" casing. Pumped ball & then broke
Circulation. Pumped 15 sks 60/40 poz 2% gel last 50 sks with later Shutdown.
Wash up over plug. Released 5 1/2" TRP & disp cement to 3374 ft. Pump Plug at 3374 ft.
Released PSI Plug held. Pumped 15 sks 60/40 poz 2% gel down the rest of the hole. Wash
up & rig down.

Float Equipment, Centerlizers 1, 3, 5, 7, 9,

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	55	MILEAGE	3.30	181.50
1131	200 sks	60/40 poz 2% gel	9.80	1960.00
113A	400 lbs	2% gel	.15	60.00
1112	15 gal	latex	34.75	521.25
4159	1	5 1/2" Float Shoe AFU	300.00	300.00
480	5	5 1/2" Centerlizers	42.00	210.00
4406	1	5 1/2" Rubber Plug	56.00	56.00
5407A	9.4 Tons	55 mile Bulk Truck Charge	1.10	1034.00
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FEB 07 2008				
CONSERVATION DIVISION WICHITA, KS				
			Subtotal	12974.5
			SALES TAX	195.76
			ESTIMATED TOTAL	13170.26

018563

AUTHORIZATION _____ TITLE _____ DATE _____

11897 2L

CONSOLIDATED OIL WELL SERVICES, *llc*
 P.O. BOX 884, CHANUTE, KS 68720
 620-431-8210 OR 800-467-8676

TICKET NUMBER 12901
 LOCATION El Dorado #80
 FOREMAN Jim Thomas

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-11-07	3631	Theissen #3	24	235	4W	Donna
CUSTOMER Howell Oil Co Inc			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2400 River Birch Rd			467	Jeff		
CITY STATE ZIP CODE Hutchinson Ks 67502			491	Todd		

JOB TYPE Surface HOLE SIZE 14 3/4" HOLE DEPTH 259ft. CASING SIZE & WEIGHT 10 3/4" 35#
 CASING DEPTH 239 ft. DRILL PIPE _____ TUBING _____ OTHER New
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20ft.
 DISPLACEMENT 23.64 RBV DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up to 10 3/4" Bake circulation, Pumped 175 sks Class A - gel 3% CC + looks Polly-Flake, displacement to 239ft. + Shut in. Cement did circulate in the cellar. Washup rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	650.00	650.00
5406	55	MILEAGE	3.30	181.50
11045	175 sks	Class A	12.20	2135.00
1118A	350 lbs	2% gel	.15	52.50
1102	525 lbs	3% Calcium Chloride	.67	351.75
1107	100 lbs	Polly-Flake	1.90	190.00
5407A	8.22 Tons	55 miles Bulk Truck	1.10	497.31
Subtotal				4230.01
			SALES TAX ESTIMATED TOTAL	11.99

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FEB 07 2008

CONSERVATION DIVISION
 WICHITA, KS

018310

AUTHORIZATION _____

TITLE _____

DATE _____

4230.01