

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 # 32595  
Name: Michael Brown dba MSG Resources  
Address: 975 1400 st.  
City/State/Zip: Iola, Kansas 66749  
Purchaser: CMT Transportation  
Operator Contact Person: Michael Brown  
Phone: (620) 365-7247  
Contractor: Name: McPherson Drilling  
License: 5675  
Wellsite Geologist: M. Brown  
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: \_\_\_\_\_  
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>11/09/04</u>	<u>11/12/04</u>	<u>11/19/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 133-26218 -00-00  
County: Neosho  
NE NE SW  
SE SE NW Sec. 22 Twp. 28 S. R. 19  East  West  
2475 feet from (S) N (circle one) Line of Section  
3020 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one)  SE  NW  SW  
Lease Name: Van Sickle Well #: 31  
Field Name: Erie  
Producing Formation: Cattleman / Bartlesville  
Elevation: Ground: 887.27 Kelly Bushing: \_\_\_\_\_  
Total Depth: 628.95 Plug Back Total Depth: 625.4  
Amount of Surface Pipe Set and Cemented at 39 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from Surface  
feet depth to 39 w/ 30 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit) Act II KCR 2/3/08  
Chloride content N/A ppm Fluid volume N/A 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 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: Michael E Brown  
Title: Co-Owner/Operator Date: 12/07/04  
Subscribed and sworn to before me this 7 day of December,  
20 04.  
Notary Public: Michelle M Bigelow  
Date Commission Expires: 2/3/2007

**KCC Office Use ONLY**

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

 **MICHELLE M. BIGELOW**  
Notary Public - State of Kansas  
My Appt. Expires 2/3/07

Operator Name: Michael Brown dba MSG Resources Lease Name: Van Sickle Well #: 31  
 Sec. 22 Twp. 28 S. R. 19  East  West County: Neosho

**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 Sheets)*

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
*(Submit Copy)*

Log Formation (Top), Depth and Datum  Sample

Name Cattleman / Bartlesville Top 575.5' Datum Attached

List All E. Logs Run:

**Gamma Ray  
Neutron**

CASING RECORD <input 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
Casing	5 1/4"	2 7/8"	628.95'	Portland	116		
Surface	11'	7"	39'	Portland	30		

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				

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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	576' to 583' Cattleman	30 gal.Frac 140bbbls. 2300lbs. 12/20 Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8"	628.95'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
11/20/04		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1		40 bbls.		

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
*(If vented, Submit ACO-1B.)*  Other *(Specify)*