

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 # 33538
Name: MAYHEW PROPERTIES
Address: PO BOX 977
City/State/Zip: SUBLETTE, KS 67877
Purchaser: BP AMOCO
Operator Contact Person: CHESTER MAYHEW
Phone: (620) 675-8777
Contractor: Name: CHEYENNE DRLG LP
License: 33375
Wellsite Geologist: RON OSTERBUHR

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. _____

05/08/06	05/11/06	07/29/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 081-21655-00-00
County: HASKELL CO KS
NW SE SE NE Sec. 12 Twp. 30 S. R. 33 East West
3090 F/ SOUTH feet from S / N (circle one) Line of Section
450 F/ EAST feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MCCOY Well #: 2-12
Field Name: HUGOTON
Producing Formation: CHASE
Elevation: Ground: 2930' Kelly Bushing: 2936'
Total Depth: 2740' Plug Back Total Depth: 2734'
Amount of Surface Pipe Set and Cemented at 822' 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 *ALLI KPR 3/13/08*
(Data must be collected from the Reserve Pit)
Chloride content 11 ppm Fluid volume 6800 bbls
Dewatering method used EVAPORATION
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: _____
Title: OWNER/OPER Date: 08/09/06

Subscribed and sworn to before me this 31 day of August,
20 06.

Notary Public: Patty E. Trickey
Date Commission Expires: 09-10-07

NOTARY PUBLIC - State of Kansas
PATTY E. TRICKEY
My Appt. Expires _____

KCC Office Use ONLY

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

RECEIVED
SEP 05 2006
KCC WICHITA

MCCOY 2-2

CEMENT RECORDS

ENCLOSED PLEASE FIND CHEYENNE DRLG INVOICE # _____ STATING THAT THIS WELL WAS COMPLETED TURNKEY. IN OTHER WORDS, CHEYENNE DRLG WAS RESPONSIBLE FOR ALL WORK, CASING, CEMENTING, ETC. AND THEY WOULD HAVE IN TURN RECEIVED ALL THE INDEPENDENT CONTRACTOR BILLS/TICKETS, INCLUDING THE CEMENT TICKETS.

THE GEOLOGICAL SUMMARY REPORT OF RON OSTERBUHR REPORTS THAT THE SURFACE CASING CEMENT WAS CIRCULATED TO THE PIT. AND THE PRODUCTION CASING CEMENT WAS CIRCULATED TO THE PIT.



CHESTER MAYHEW
08-01-2006

DRILLING, COMPLETION, & GEOLOGICAL SUMMARY

OPERATOR: Mayhew Properties
WELL NAME: McCoy #2
LOCATION: 450' FEL, 3460' FSL sec2-T29S-R32W
ELEVATIONS: GL-2930', KB-2936'
SPUD DATE: 05/08/06
DRILLING CONTRACTOR: Cheyenne Drlg., Rig #8

KCC #: 33538
API #: 15-081-21655
COUNTY: Haskell
TOTAL DEPTH: 2740'
DRILLING COMPLETED: 05/11/06
KCC #: 33375

SURFACE CASING SIZE: 8.625" WEIGHT: 24# GRADE: DEPTH: 822'

CEMENT: 325 sx of Lite, 125 sx Common, 100 sx Common thru 1"

CASING EQUIPMENT:

COMMENTS: lost circulation when cementing, ran temperature survey, cemented w/100 sx thru 1"

PRODUCTION CASING SIZE: 5.5" WEIGHT: 15.5# GRADE: DEPTH: 2736'

1st STAGE CEMENT: 275 sx Lite, 150 sx Class C

2nd STAGE CEMENT:

CASING EQUIPMENT: 10 centralizers, guide shoe w/latch-down baffle

COMMENTS:

OPEN-HOLE LOGS: NONE

CASED-HOLE LOGS: G/R-CCL-NEU-CBL

SIGNIFICANT DEPTHS: (log depths measured from-GL @ 2930')


horizon	log depth	datum	remarks
T/Permian	855'	+2075	
T/Cedar Hills	1323'	+1607'	
B/Stone Corral	1834'	+1096'	
T/Hollenberg	2617'	+ 313'	
T/Herington	2652'	+ 278'	perforated 2658'-2666', 4spf
T/Krider	2682'	+ 248'	perforated 2685'-2695', 4spf
T/Odell	2717'	+ 213'	
Rotary total depth	2739'	+ 191'	
Log Total depth	2734'	+ 196'	cased-hole log
Casing total depth	2736'	+ 194'	log depth
Plugged-back depth	2734'	+ 196'	

PERFORATIONS: 2658'-2666', 2685'-2695'(all w/4spf)

ACID TREATMENTS: 1500 gallons 15% MCA/FE

FRACTURE TREATMENTS:

REMARKS: Initial shut-in casing pressure after completion was 205 psig. Proposed fracture treatment should utilize 70/30 quality nitrogen foam w/16,500# of 20-40 mesh sand, at 15-20 bbls/min.


prepared by: Ronald G. Osterbuhr
06/2006

Operator Name: MAYHEW PROPERTIES Lease Name: MCCOY Well #: 2-12
 Sec. 12 Twp. 30 S. R. 33 East West County: HASKELL CO KS

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: DUAL NEUTRON	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	12.25	8.625	24	822	A-CON	450	3%CACL
PRODUCTION	7.875	5.5	15.5	2736'	A-CON	425	3%CACL

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
4SPF	2658'-2666', 2685'-2695'	1500 GALLONS 15% MCA/FE	2695'
NITRO2 FRAC	2658'-2666', 2685'-2695'	70/30 N2, 16.5 SCK, 20-40 MESH	2695'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2.375	2708'			
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	
		225MCFD	90BBL/DAY			

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

RECEIVED

SEP 05 2006

KCC WICHITA