

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 # 33264

Name: Central Production Co. Inc.

Address: P.O.Box 334

City/State/Zip: Mound City, KS 66056

Purchaser: _____

Operator Contact Person: John Sperry

Phone: (417) 667-5062/684-4294

Contractor: Name: David Casey

License: 33274

Wellsite Geologist: James L. Christiansen

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>6/21/04</u>	<u>8/12/04</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 099-23365-00-00

County: Labette

SW NW NE Sec. 10 Twp. 35 S. R. 21 East West
4070 feet from (S) N (circle one) Line of Section

2262.5 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Barr Well #: N11L

Field Name: Chetopa

Producing Formation: Bartlesville

Elevation: Ground: 830.42 Kelly Bushing: _____

Total Depth: 122 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 20 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 112

feet depth to surface w/ 25 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit) Act II KGR 2/27/08

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Drilled with air

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: Vice-president Date: 1/7/05

Subscribed and sworn to before me this 7th day of _____

20 05

Notary Public: _____

Date Commission Expires: _____

CINDY A. LATHROP
Notary Public - Notary Seal
STATE OF MISSOURI
Vernon County
My Commission Expires: April 25, 2008

KCC Office Use ONLY

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

Operator Name: Central Production Co. Inc. Lease Name: Barr Well #: N11L
 Sec. 10 Twp. 35 S. R. 21 East West County: Labette

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)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

Name: Bartlesville Top: 112-122 Datum: GL

CASING RECORD New 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	12-1/4	8-5/8	24	20	Type I	6	
Production	7-5/8	5-1/2(0-20)	14.6	20	Type I	25	30% fine silica
		4-1/2(20-112)	10.6	112	(incl above)		

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
(Amount and Kind of Material Used)

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
		<p>RECEIVED</p> <p>JAN 20 2005</p> <p>KCC WICHITA</p>	

TUBING RECORD Size 2-3/8 Set At 121 Packer At none Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. Jan 2005 Producing Method Flowing Pumping Gas Lift Other *(Explain)*

Estimated Production Per 24 Hours: Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio _____ Gravity _____
Steam injection well

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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18.) Other *(Specify)* _____

CONSOLIDATED OIL WELL SERVICES, INC.
 - 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 28237
 LOCATION Chanute
 FOREMAN Duane

N114

TREATMENT REPORT

N70, N7L, N11L, N11U, N6L, N6U

DATE <i>8/5/04</i>	CUSTOMER #	WELL NAME <i>BARC</i>	FORMATION
SECTION <i>10</i>	TOWNSHIP <i>35</i>	RANGE <i>21</i>	COUNTY <i>LB</i>
CUSTOMER <i>Central Production</i>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>230</i>	<i>WES</i>		
<i>255</i>	<i>JOHN</i>		
<i>100</i>	<i>TRAVIS</i>		
<i>370</i>	<i>JOE</i>		

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

WELL DATA

HOLE SIZE	PACKER DEPTH
TOTAL DEPTH	PERFORATIONS
	SHOTS/FT
CASING SIZE <i>5 1/2</i>	OPEN HOLE
CASING DEPTH <i>100'</i>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB *Break circulation. Mix & Pump 25 SK CEMENT SLURRY - Switch to WATER AND DISPLACE w/ 1 3/4 Bbls. - SHUT IN.*

AUTHORIZATION TO PROCEED

TITLE

DATE

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE
							MIN RATE

RECEIVED
 JAN 20 2005
 KCC WICHITA