

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

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Wellsite Geologist: James L. Christiansen
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. _____

| | |
|-----------------------------------|--|
| 5/17/04 | 6/17/04 |
| Spud Date or Recompletion Date | Date Reached TD Completion Date or Recompletion Date |

API No. 15 - 099-23332-00-00
County: Labette
SE NW NE Sec. 10 Twp. 35 S. R. 21 East West
4207 feet from (S) N (circle one) Line of Section
2185 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 #: B32

Field Name: Chetopa
Producing Formation: Bartlesville
Elevation: Ground: 827.02 Kelly Bushing: _____
Total Depth: 121 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 99
feet depth to SURFACE w/ 26 sx cmt.

Drilling Fluid Management Plan ACT. II KJR 2/27/08
(Data must be collected from the Reserve Pit)
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 - Engr Date: 1/6/05
Subscribed and sworn to before me this 7th day of Jan,
2005.
Notary Public: _____
Date Commission Expires: _____

CINDY A. CATHROP
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 #: B32
 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 <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 checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name <u>Bartlesville</u> Top <u>99-121</u> Datum <u>GL</u> |
|--|--|

| 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 |
| Surface | 12-1/4 | 8 | 24 | 20 | Type I | 6 | |
| Production | 7-5/8 | 4-1/2 | 10.6 | 99 | Type I | 26 | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ 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 |
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|---|--------------------|--|-----------------------|---|
| TUBING RECORD | Size <u>1 inch</u> | Set At <u>120</u> | Packer At <u>none</u> | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. <u>Est Jan 05</u> | | 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. | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

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

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

TICKET NUMBER 31804
 LOCATION Chanute
 FOREMAN Osayne

TREATMENT REPORT

B-32

| | | | |
|--|-----------------------|-------------------------|--------------------------|
| DATE <i>5/24/04</i> | CUSTOMER # | WELL NAME <i>Bar</i> | FORMATION |
| SECTION <i>10</i> | TOWNSHIP <i>35</i> | RANGE <i>21</i> | COUNTY <i>Labette</i> |
| CUSTOMER <i>Central Productions</i> | | | |
| MAILING ADDRESS | | | |
| CITY | | | |
| STATE | | ZIP CODE | |
| TIME ARRIVED ON LOCATION | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|------------|--------------|---------|--------|
| <i>197</i> | <i>Herb</i> | | |
| <i>230</i> | <i>John</i> | | |
| <i>285</i> | <i>Chris</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"/> |

PRESSURE LIMITATIONS

| | THEORETICAL | INSTRUCTED |
|---------------------|-------------|------------|
| SURFACE PIPE | | |
| ANNULUS LONG STRING | | |
| TUBING | | |

WELL DATA

| | |
|----------------------------------|------------------|
| HOLE SIZE <i>6 3/4</i> | PACKER DEPTH |
| TOTAL DEPTH <i>100</i> | PERFORATIONS |
| | SHOTS/FT |
| CASING SIZE <i>4 1/2</i> | OPEN HOLE |
| CASING DEPTH <i>95</i> | |
| CASING WEIGHT | TUBING SIZE |
| CASING CONDITION | TUBING DEPTH |
| | TUBING WEIGHT |
| | TUBING CONDITION |
| TREATMENT VIA <i>Cement Pump</i> | |

INSTRUCTION PRIOR TO JOB

Break Circulation Pump 26 Sacks Cement then switch to water and Displace with 1.75 BBLs and 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 |
| | | | | | | | |

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