

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 32953
Name: ANR Pipeline Company
Address: 2135 11th Road
City/State/Zip: Alden, KS. 67512
Purchaser: _____
Operator Contact Person: Gary Goad
Phone: (620) 534-4400
Contractor: Name: Rosencrantz-Beemis Enterprises, Inc.
License: 6427

Wellsite Geologist: _____
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>8/14/07</u>	<u>8/15/07</u>	<u>8/16/07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 159-22541-0000
County: Rice
____ -sw - ne - sw Sec. 24 Twp. 19 S. R. 6 East West
1700 feet from (S) N (circle one) Line of Section
1420 feet from E / (W) (circle one) Line of Section

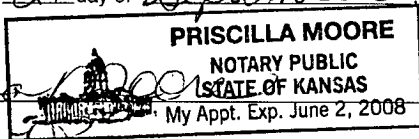
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: M.P. 235.6 Well #: 1
Field Name: Trunk 100
Producing Formation: _____
Elevation: Ground: 1632 Kelly Bushing: _____
Total Depth: 320 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 200 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 200' w/ 8 cubic yards _____ sx cmt.

Drilling Fluid Management Plan *Alt. 3 KGR 3/6/08*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 240 bbls
Dewatering method used VACUUM OFF LIQUIDS
Location of fluid disposal if hauled offsite: _____
Operator Name: Schultz Oil and Gas, Inc.
Lease Name: _____ License No.: 5172
Quarter _____ Sec. 13 Twp. 19 S. R. 1 East West
County: Marion 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: Gary Goad
Title: Area Manager Date: 9/21/07
Subscribed and sworn to before me this 21 day of September
20 07.
Notary Public: Priscilla Moore
Date Commission Expires: 6-2-08



KCC Office Use ONLY

No Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

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SEP 24 2007

Operator Name: ANR Pipeline Company Lease Name: M.P. 235.6 Well #: 1
 Sec. 24 Twp. 19 S. R. 6 East West County: Rice

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<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

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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

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

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 WICHITA KS

Darling Drilling Company
 Telephone (620) 662-7901 1211 W. 4th
 Hutchinson, Ks. 67501
DRILLER'S TEST LOG

Date: 08-14-07
Name: ANR Pipeline Company
Address: Alden, Kansas 67512
County: Rice Trunk 100 M.P. 235.6
Quarter: SW **Section:** 24 **Township:** 19S **Range:** 6W

DRILLED FOOTAGE		DESCRIPTION OF STRATA				
From	To					
0	2	Top Soil				
2	5	Tan Clay				
5	10	Tan Clay and Caliche				
10	16	Tan Clay, Ironaided Rock 70/30				
16	28	Tan Clay, Ironaided Rock, Grey Clay				
28	40	Dark Grey Shale				
40	55	Greenish Grey Shale Hard				
55	90	Reddish Grey and Greenish Grey Shale, Hard				
90	101	Reddish Grey Shale, Hard				
101	105	Streaks of Quartz				
105	125	Reddish Grey Shale, Hard				
125	150	Bluish Grey Shale w/pieces of Gypsum and Quartz	Static water level: n/a			
150	200	Reddish and Bluish Grey Shale w/pieces of Gypsum	Depth of well: 325'			
200	320	Reddish and Bluish Grey Shale w/Streaks of Gypsum	Type & size of casing: PVC 10''			
			PVC: 200# .511W 0 to 200'			
			Steel: n/a			
			Gravel pack intervals: n/a			
			Grout material: neat cement 0' to 200'			
			Contamination: n/a			
			Direction from well:			
			Casing above surface:			
			Bore hole: 17'' and 10''			
			Remarks:			
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			CONSERVATION DIVISION			
			WICHITA, KS			

MP 235.6



DATE: 8.15.2007
 CUSTOMER: ~~XXXX~~ Paulina Mullins
 DELIVER TO: 56 West 18 30th Avenue
 1/2 mile north east side
 620-254-0453

DESCRIPTION	PRICE	AMOUNT
8 slump		
CONCRETE ACCELERATOR		
HOT WATER		
CONCRETE SAND		
FILE SAND		
OTHER		
DRIVER: Note: If water has been added and how much	TIME	JOB
	178	
IMPORTANT: Do not use for damage caused by curbs, trucks when delivering material beyond the curb line. Not responsible for quality of concrete if water is added by contractor.	MOOSE TOTAL	
	SALES TAX	
DRIVER: George	TRUCK NO: 19	TOTAL AMT. DUE

All Claims and Returned Goods must be accompanied by this bill. All accounts DUE and PAYABLE within following month. All accounts not paid in 30 days. Interest charged at 1% percent per month (AN ANNUAL PERCENTAGE RATE of 12%).
 EXCESS CHARGE MADE FOR EXCESS UNLOADING TIME

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 WICHITA, KS

Read By: [Signature]
 AVION: Avoid contact with eyes, nose, mouth, or skin. May cause skin irritation. Wash exposed skin areas promptly with water. If in eyes, flush immediately and repeatedly with water. SEE TOP FOR REACH OF CHILDREN