

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 # 9163
Name: Jandie Oil Company, Inc.
Address: P. O. Box 442
City/State/Zip: Great Bend, Kansas 67530
Purchaser: National Cooperative Refining Assn.
Operator Contact Person: Freddie Walls
Phone: (620) 797-0318
Contractor: Name: Duke Drilling Co.
License: 5929
Wellsite Geologist: James C. Musgrove

Designate Type of Completion:
 New Well Re-Entry Workover OWWO
 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: Eldon J. Schierling
Well Name: Rowland #1
Original Comp. Date: 6/17/81 Original Total Depth: 3719'
 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>4/10/03</u>	<u>4/11/03</u>	<u>4/23/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185213850001
County: Stafford
50' S of
NW-SE-SW Sec. 30 Twp. 21 S. R. 12 East West
940 feet from S / N (circle one) Line of Section
1650 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kelli "OWWO" Well #: 1
Field Name: Mueller
Producing Formation: Conglomerate and Arbuckle
Elevation: Ground: 1868 Kelly Bushing: 1876
Total Depth: 3719 Plug Back Total Depth: N/A
Amount of Surface Pipe existing Set and Cemented at 345 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1518 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWO KGR 2/15/08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 60 bbls
Dewatering method used hauled free fluid
Location of fluid disposal if hauled offsite:
Operator Name: Paul's Oil Field Service, Inc.
Lease Name: Stargel #2SWD License No.: 31085
Quarter _____ Sec. 4 Twp. 22 S. R. 12 East West
County: Stafford Docket No.: D-21908

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: Freddie D. Walls

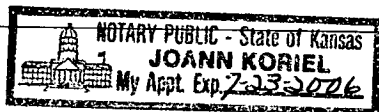
Title: President Date: 12/7/04

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

20 04

Notary Public: Joann Koriel

Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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Operator Name: Jandie Oil Company, Inc. Lease Name: Kelli "OWWO" Well #: 1
 Sec. 30 Twp. 21 S. R. 12 East West County: Stafford

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:

Sonic cement bond log

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Log enclosed

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	OWWO	8 5/8		345			
production	7 7/8	4 1/2	9.5	3719	EA2	200	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
none <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
		Amount	Kind	
2	3662-3664	4/21/03 1250 gallons	28% FE/NE acid	
		4/22/03 500 gallons	28% FE/NE acid	3638 (treat)
2	3548-3560	4/23/03 1000 gallons	15% NE/acid	3515 (treat)
2	3482-3486 (not treated)			
2	3442-3448 (not treated)			

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8		N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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
	26		8		40

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CHARGE TO: **JAWBIE OIL**
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 5434

PAGE 1 OF 2

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO. #1	LEASE KELL	COUNTY/PARISH STAFFORD	STATE KS	ICRY	DATE 4-11-03	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DUKE DRILLING #8	RIG NAME/NO.	SHIPPED VIA ET	DELIVERED TO LOUSTON	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 4 1/2" LONGSTRAW	WELL PERMIT NO.	WELL LOCATION GRAT BCD-12S, 3 1/4 E NS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE # 104	60	ME	2.50		150.00
578		1			PUMP SERVICE	1	JOB	3719	FT	1200.00
281		1			MUDFLUSH	500	GAL	60		300.00
400		1			GUIDE SHOE	1	EA	80		80.00
401		1			INERT FLOAT VALVE W/FALUP	1	EA	110		110.00
402		1			CONTRACTORS	10	EA	34		340.00
403		1			CONCT BASKET	1	EA	115		115.00
404		1			PORT COLLAR TOP JT # 55	1	EA	1300		1300.00
410		1			TOP PLUG	1	EA	35		35.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *Fredie Walls*
 DATE SIGNED: **4-11-03** TIME SIGNED: **1600** P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	3630.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	2900.68
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Wade Wasan*

APPROVAL _____ **Thank You!**

JOB LOG

SWIFT Services, Inc.

DATE 4-11-03 PAGE NO. 1

CUSTOMER JANDIE OUI WELL NO. 1 LEASE KELLE JOB TYPE 4 1/2" LOGSPELNG TICKET NO. 5434

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1545							ON LOCATION
	1600							START 4 1/2" CASING W/ WELL
								TD - 3719 SIT = 3718
								TP - 3721 4 1/2" - 10.5
								ST - 15.83
								CEMENTED -
								CMT BSKT -
								POST COLLAR = 1516' TOP JT = 55
	1815							DROP BALL - BREAK CONNECTION
	1855				✓			PLUG RH - MH
	1900	6	12		✓		400	PUMP 500 GAL MUDFLUSH
	1904	5 1/2	42		✓		300	MIX 175 SPS 1A-2 CMT W/ ADDITIVES
	1912							WASH OUT PUMP - 12X3
								RELEASE TOP PLUG
	1914	7 1/2	0		✓			REPLACE PLUG
		7	58		✓		650	
	1922	5	58.9		✓		1200	PLUG DOWN
	1925						OK	RELEASE PSE - HELD
								WASH UP
	2000							JOB COMPLETE

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THANK YOU
WAVE, DUSTY, JASON