

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 # 6039
Name: L. D. Drilling, Inc.
Address: 7 SW 26th Avenue
City/State/Zip: Great Bend, KS 67530
Purchaser: _____
Operator Contact Person: L. D. Davis
Phone: (620) 793-3051
Contractor: Name: Southwind Drilling
License: 33350
Wellsite Geologist: Kim Shoemaker

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. _____

7/12/04 7/19/04 7-19-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-24795-00-00
County: Barton
NE NE NE Sec. 6 Twp. 19 S. R. 15 East West
330 feet from S N (circle one) Line of Section
330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Karst Well #: 1
Field Name: Otis/Albert

Producing Formation: _____
Elevation: Ground: 1986' Kelly Bushing: 1996'
Total Depth: 3635' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1005' 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 *R4 A KJR 2/20/08*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: Bessie Newkirk
Title: Secretary/Treasurer Date: 8/11/04
Subscribed and sworn to before me this 11th day of August,
20 04.
Notary Public: Rashell Patten
Date Commission Expires: 2-2-07



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

Operator Name: L. D. Drilling, Inc. Lease Name: Karst Well #: 1
 Sec. 6 Twp. 19 S. R. 15 East West County: Barton

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:

Name	Top	Datum
Anhydrite	1015 +	981
Chase	1886 +	110
Stotler	2718 -	7722
Topeka	2988 -	992
Heebner	3231 -	1235
Brown Limer	3303 -	11307
Lansing	3312 -	1316
B/KC	3527 -	1531
Arbuckle	3623 -	1627
Reagan	3631 -	1635

CASING RECORD <input checked="" 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		8 5/8"	24#	1005'	A-con/60/40 Poz	215/175	3% cc/2% gel, 3% cc

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

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

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

Production Interval _____



TREATMENT REPORT

Customer ID		Date	
Customer <i>L.D. DRILLING</i>		<i>7-13-04</i>	
Lease <i>KARST</i>		Lease No.	Well # <i>1</i>
Field Order # <i>8604</i>	Station <i>PRATT, KS.</i>	Casing <i>8 7/8</i>	Depth <i>993</i>
Type Job <i>SURFACE - NW</i>	Formation <i>TD-1005'</i>	County <i>BARTON</i>	State <i>KS.</i>
		Legal Description <i>6-19-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>8 7/8</i>								
Depth	Depth	From	To	Pre Pad		Max		5 Min.
<i>993</i>								
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <i>D. KRIER</i>	Station Manager <i>W. HARTY</i>	Treater <i>COORSLEY</i>
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Service Units	<i>120</i>	<i>80</i>	<i>57</i>	<i>46</i>	<i>72</i>				
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>1500</i>					<i>ON LOCATION</i>
					<i>RECEIVED</i>
					<i>AUG 12 2004</i>
					<i>KCC WICHITA</i>
					<i>TRIP BOTTOM - BREAK CIRC.</i>
					<i>MIX CEMENT</i>
<i>700</i>	<i>300</i>		<i>103</i>	<i>6</i>	<i>215 SK. A-COW 3% CC. 12 PPT</i>
	<i>200</i>		<i>38</i>	<i>6</i>	<i>175 SK. 60/40 PZ 2% CC. 3% CC</i>
			<i>142</i>		<i>15 PPT</i>
					<i>STOP - RELEASE PLUG</i>
	<i>0</i>		<i>0</i>	<i>6</i>	<i>START DISP</i>
<i>745</i>	<i>300</i>		<i>62</i>	<i>6</i>	<i>PLUG DOWN</i>
					<i>1" PRE 40 SK. CEMENT TO PBT</i>
<i>800</i>					<i>JOB COMPLETE</i>
					<i>THANKS - KEVIN</i>

ALBERT, Ks. - 1 1/2 S to RED FLAG - 1/4 W - S into



INVOICE NO.		Subject to Correction		FIELD ORDER		8604		
Date	7-13-04	Lease	KIARST	Well #	1	Legal	6-19-15	
Customer ID		County	BARTON	State	Ks.	Station	PRATT, Ks.	
L.D. DRILLING INC.		Depth		Formation		Shoe Joint		
Casing	8 5/8	Casing Depth	993'	TD	1005'	Job Type	SURFACE - NW	
Customer Representative			D. KRER		Treater			K. CORDELEY

AFE Number: _____ PO Number: _____ Materials Received by: **X Darryl Krer**

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	CORRECTION	AMOUNT
D201	215 SL	A-CON CEMENT				
D203	175 SL	60/40 POL CEMENT				
2310	1062 LB	CORCUM PHOSPHATE				
E163	1 EA	8 5/8 WOOD PUG				
E100	70 mile	HAND VEH. MILEAGE				
E101	70 mile	PICKUP MILEAGE				
E104	1234 TM	BUCK DELIVERY				
E107	390 SL	CEMENT SAND CEMENT				
D202	1 EA	PUMP CHARGE				
D201	1 EA	CEMENT SAND REMOVAL				
RECEIVED						
AUG 12 2004						
KCC WICHITA						
				PRICE	=	6597.39

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • Phone (620) 672-1201 • Fax (620) 672-5383

TOTAL



TREATMENT REPORT

Customer ID		Date	
Customer L.O. DRIG. INC.		7-19-04	
Lease KARST		Lease No.	Well # 1

Field Order # 8449	Station PRATT	Casing 4 1/2 O.P.	Depth 3600'	County BARTON	State Ks
Type Job P.T.A. NEW WELL			Formation	Legal Description 6-19S-15W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative DARYL KRTER	Station Manager D. AUBRY	Treater T. SEBA
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:30					RECEIVED
2:00					AUG 12 2004
					KCC WICHITA
2:05			20	5	1 ST Plug 3600' 25 SKS
			7		Pump H2O
			10		MIX: Pump 25 SKS @ 13.3#/GAL
2:25			34		Pump H2O
					Ball' Disp w/ muo
2:55			15	5	2 ND Plug 1025' 40 SKS
			11.32		Pump H2O
3:05			7.7		MIX: Pump 40 SKS @ 13.3#/GAL
					Ball' DISP
3:15			10	5	3 RD Plug 815' 80 SKS @ 13.3#/GAL
			22.65		Pump H2O
3:23			3.1		MIX: Pump 80 SKS @ 13.3#/GAL
					Ball' Disp
3:00			2.83	2	4 TH Plug 40' 10 SKS
					MIX: Pump 10 SKS @ 13.3#/GAL
3:10			4.24	1	CIRC CNT TO SURFACE
3:00					Plug R-Hole 15 SKS
					JOB COMPLETE

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T HARK
TODD



INVOICE NO.

FIELD ORDER 8449

Subject to Correction

Date: 7/19/04	Lease: KARST	Well #:	Legal: 6-19S-15W
Customer ID:	County: BARTON	State: Ks	Station: PRATT
Depth: 120	Formation:	Shoe Joint:	
Casing: 4 1/2	Casing Depth: 3600	TD: 3635	Job Type: NEW WELL
Customer Representative: DARYL KRTEL		Treater: T. SEBA	

L.D. DRILLING, INC.

AFE Number	PO Number	Materials Received by: X Daryl Krstel
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Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	CORRECTION	AMOUNT
203	170 SKS	60/40 Pz				
320	598 lbs	CMT GEL				
194	37 lbs	CELLFAK				
100	70 ME	HEAVY VEH				
101	70 ME	PUM				
104	515 TM	BULK DELIVERY				
107	170 SKS	CMT SEW CHARGE				
400	100 EH	PUM CHARGE				
		DISCOUNTED PRICE		2,801.25		
		+ TAXES				

RECEIVED
AUG 12 2004
KCC WICHITA