

RECEIVED
JUL 01 2005
KCC WICHITA

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 32119
Name: Northern Natural Gas Co.
Address: 1111 South 103rd Street
City/State/Zip: Omaha, NE 68013
Purchaser: _____
Operator Contact Person: Duane Moody
Phone: (402) 398-7843
Contractor: Name: McLean's C P Installation, Inc.
License: 32775
Wellsite Geologist: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl. Cathodic etc)

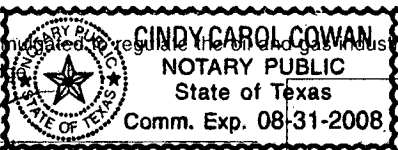
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
05-23-05 06-06-05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-175-21985-0000
County: Seward
SE SE NE Sec. 20 Twp. 31S S. R. 31W East West
2145' feet from S (N) (circle one) Line of Section
80' feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Jacobs Well #: #2
Field Name: Jacobs Well #2
Producing Formation: _____
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 160' 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 If completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

A1F3-Dlg-2/24/09
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbis
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Nichols Fluid Service
Lease Name: Johnson #3 License No.: 31983
Quarter _____ Sec. 16 Twp. 34 S. R. 32 East West
County: Seward 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: [Signature]
Title: Operations Mgr. Date: 6-23-05
Subscribed and sworn to before me this 23rd day of June
20 05
Notary Public: [Signature]
Date Commission Expires: 8-31-2008



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

Operator Name: Northern Natural Gas Co. Lease Name: Jacobs Well #: #2
 Sec. 20 Twp. 31S S. R. 31W East West County: Seward

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 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED JUL 01 2005 KCC WICHITA </div>
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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
	17 1/2"	10"		20'	Neat	20	Portland w/water

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

ORIGINAL

Walter Jacobs
Act-D

29346

Plains Ready Mix

"ALL TYPES CONCRETE WORK"

100 W. Greenbush
P.O. BOX 638

PLAINS, KANSAS 67000

PHONE: 620-563-9382

ORDER NO. _____

DATE

5/23/05

SOLD TO

McLean's LP Installation

ADDRESS

1100 West 70 Rd T North to

DELIVER TO

Rd 21 1/2 mi East on South

CASH	CHARGE	TRUCK	DRIVER	Time OUT	Time IN
	<i>X</i>			<i>5:00</i>	<i>5:15</i>

QUANTITY	DESCRIPTION	PRICE	AMOUNT
<i>134</i>	CUBIC YARDS CONCRETE <i>Slurry</i>		
	% CALCIUM CHLORIDE		
	WATER REDUCER <i>34 BMS</i>		
	OZ. AIR ENTRAINING <i>500 WEA</i>		
	HOT WATER		
	FIBER		
	ROCK		
<i>13 1/2</i>	MILEAGE @ <i>3.10</i> PER CUBIC YD MILE HAUL		
	HOURS WAITING TIME		
	GALLONS WATER ADDED ON JOB		
<i>1</i>	SERVICE CHARGE - FOR UNDER 3 YARDS		

IMPORTANT
Not responsible for any damage done by truck after leaving street right of way. NO CREDIT for returned concrete.
Unloading time allowed (1) hour.

RECEIPT AND RELEASE
This concrete designed in accordance to A.C.I. Standards.
Any water added to this design will be at purchaser's risk.
RECEIVED THE ABOVE MATERIAL IN GOOD CONDITION.

Sign Here _____

A SERVICE CHARGE of 2% per month, with an effective annualized rate of _____ invoice amounts if not paid by the end of the month following the month on minimum SERVICE CHARGE shall be \$1.00 per month.

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NICHOLS FLUID SERVICE INC.
 316 INDUSTRIAL PARK AVE
 LIBERAL, KS 67901
 (620)624-5582
 (620)624-4900 (fax)

ORIGINAL INVOICE

INVOICE NO.: 150469
 INVOICE DATE: 06/02/2005

6/27

JACOBS AP 1&2
 Soward Co KS

MCLEAN'S C. P. INST
 4520 ST HWY 136
 AMARILLO, TX 79108

Qty	UM	Description	Price/Unit	Ext Amt
TICKET # 28732 - 05/24/2005				
4.00	HR	Haul FW		
80	BBL	Fresh Water		
		FSC		
TOTAL FOR TICKET # 28732				
TICKET # 29535 - 05/24/2005				
11.00	HR	Haul Water		
70	BBL	Disposal Fee		
		FSC		
TOTAL FOR TICKET # 29535				

PLEASE PAY THIS AMOUNT ----->

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*4e 60.00 240.00
 FW 16.00
 FSC 21.60

 277.60*

NICHOLS FLUID SERVICE, INC.
 316 INDUSTRIAL PARK AVE. • LIBERAL, KS 67901
 (620) 624-4909

Co. Name MCLEAN'S DATE 05/24/05 TIME _____

Lease JACOBS AP 1&2 To Disp. Well # _____

Truck # 103 Driver AT # Hrs. _____

Hauled: Salt Water Fresh Water %KCL M

Top Gauge _____ Tank # _____ Bottom Gauge _____

Remarks: WASH TRK 927

Deep Well: Jacobs Well #2

McLean's C P Installation, Inc.
4520 State Highway 136
Amarillo, Tx 79018

RE: WASTE DISPOSAL - FLUID MUD/CUTTINGS

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Location of waste disposal:

Operator Name: Nichols Fluid Service

Date of Waste Disposal: 5-24-05

Lease Name: Johnson #3

License Number: 31983

Section: 16 Twp: 34 R 32 East West

County: Seward

The undersigned hereby certifier that all information shown hereon is true and correct to the best of their knowledge and belief.

Nichel Fluid Ser.
Company Name

Danny W Kete
Authorized Signature

Date: 5-31-2005