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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASEForm 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. _____

6-03-05

6-08-05

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion DateAPI No. 15 - 119-21156-0000County: MeadeNW SW NW Sec. 4 Twp. 31S S. R. 29W ☐ East ☒ West1515' feet from S N (circle one) Line of Section75' feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Pennington Well #: #3Field Name: Pennington Well #3

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 120' Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at 20' FeetMultiple 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.

Alt 3-Dlg - 2/24/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

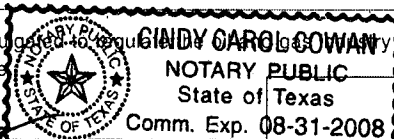
Location of fluid disposal if hauled offsite: _____

Operator Name: Nichols Fluid ServiceLease Name: Johnson #3 License No.: 31983Quarter _____ Sec. 16 Twp. 34 S. R. 32 ☐ East ☒ WestCounty: 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 by the Kansas Corporation Commission have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: _____

Title: Operations Mgr. Date: 6-23-05Subscribed and sworn to before me this 23rd day of June20 05Notary Public: Gindy Carol CowanDate Commission Expires: 8-31-2008

KCC Office Use ONLY

NO Letter of Confidentiality Received

If Denied, Yes ☐ Date: _____☐ Wireline Log Received☐ Geologist Report Received☐ UIC Distribution

ORIGINAL

Operator Name: Northern Natural Gas Co. Lease Name: Pennington Well #: #3
 Sec. 4 Twp. 31S S. R. 29W ☐ East ☒ West County: Meade

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:

☐ Log Formation (Top), Depth and Datum ☐ 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 |
| | 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 |
| ___ 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 |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| Date of First, Resumed 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 (If vented, Submit ACO-18.) | <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) | |

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ORIGINAL

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Plains Ready Mix

Paving to 29356

100 GREENWOOD "ALL TYPES CONCRETE WORK"

P.O. BOX 638

PLAINS, KANSAS 67869

PHONE: 620-563-9382

ORDER NO.

DATE

5/24/15

SOLD TO

McLENN'S CP INSTALLATION

ADDRESS

DELIVER TO

| CASH | CHARGE | TRUCK | DRIVER | Time OUT | |
|------|--------|-------|--------|----------|--|
| | X | | | Time IN | |

| QUANTITY | DESCRIPTION |
|----------|---------------------------------------|
| 234 | CUBIC YARDS CONCRETE |
| | % CALCIUM CHLORIDE |
| | WATER REDUCER 51 BAGS |
| | OZ. AIR ENTRAINING 5.20 #/yd |
| | HOT WATER |
| | FIBER |
| | ROCK |
| 13 | MILEAGE @ 3.00 PER CUBIC YD MILE HAUL |
| | HOURS WAITING TIME |
| | GALLONS WATER ADDED ON JOB |
| 1 | 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.

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

ORIGINAL INVOICE

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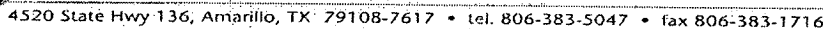
INVOICE NO.: 150508
INVOICE DATE: 06/09/2005

PENNINGTON 1, 2, & 3
Meade Co KS

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

| Qty | UM | Description |
|------------------------------------|-----|--------------|
| TICKET # 26316 - 06/06/2005 | | |
| 5.00 | HR | Haul Water |
| 40 | BBL | Disposal Fee |
| | | FSC |
| TOTAL FOR TICKET # 26316 | | |
| TICKET # 26317 - 06/07/2005 | | |
| 5.50 | HR | Haul Water |
| 60 | BBL | Disposal Fee |
| | | FSC |
| TOTAL FOR TICKET # 26317 | | |
| TICKET # 28833 - 06/07/2005 | | |
| 3.00 | HR | Haul FW |
| 80 | BBL | Fresh Water |
| | | FSC |
| TOTAL FOR TICKET # 28833 | | |

PLEASE PAY THIS AMOUNT =====>



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[illegible]

ORIGINAL

06/09/2005 05:09

18063831716

MCLEANS CP INSTALL

PAGE 05

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Deep Well: Pennington Well #3

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

RE: WASTE DISPOSAL - FLUID MUD/CUTTINGS

Location of waste disposal:

Operator Name: Nichols Fluid Service

Date of Waste Disposal: 6-6-05 + 6-7-05

Lease Name: Johnson #3

License Number: 81983

Section: 16 Twp: 34 R 32 ~~East~~ West

County: Seward

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

Nichols Fluid Service
Company Name

Danny W. Sletten
Authorized Signature

Date: 6-9-2005