

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 # 30420
Name: VJI Natural Resources
Address: 30-38 48th St.
City/State/Zip: Astoria, New York 11103
Purchaser: _____
Operator Contact Person: Jason Dinges
Phone: (785) 623-8060
Contractor: Name: Plains, Inc.
License: 33645

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: TGT Petroleum Corp.
Well Name: Katz #1
Original Comp. Date: 6-07-85 Original Total Depth: 4650
..... 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. D-28700
3-29-06 4-06-06 4-20-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 047-21253-0001
County: Edwards
NW NE SW Sec. 6 Twp. 24 S. R. 18 East West
2006 1980 feet from (S) / N (circle one) Line of Section
3452 1980 feet from E / (W) (circle one) Line of Section
Footages Calculated from GPS-KCC-01g Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Katz Well #: 1 SWD OWWO
Field Name: Nightingale Ext.
Producing Formation: Cedar Hills
Elevation: Ground: 2131 Kelly Bushing: _____
Total Depth: 4650 Plug Back Total Depth: 1199
Amount of Surface Pipe Set and Cemented at 438 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 SWD Ntt 6-20-08
(Data must be collected from the Reserve Pit)
Chloride content 8,000 ppm Fluid volume 320 bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: Oil Producers Inc.
Lease Name: Palmatier SWD License No.: 8061
Quarter _____ Sec. 16 Twp. 25 S. R. 16 East West
County: Edwards Docket No.: D-2093

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: Jason Dinges
Title: operator Date: 1-31-07
Subscribed and sworn to before me this 31 day of JANUARY
20 07
Notary Public: Christine Schlyer
Date Commission Expires: 10-12-2010

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

RECEIVED
FEB 01 2007
KCC WICHITA

CHRISTINE SCHLYER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-12-2010

Operator Name: VJI Natural Resources Lease Name: Katz Well #: 1 SWD OWWO
 Sec. 6 Twp. 24 S. R. 18 East West County: Edwards

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

List All E. Logs Run:

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	12 1/4	8 5/8	24	438	common	300	
Production	7 7/8	5 1/2	10.5	1225	common	400	
TGT's reported record							

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	684-717 TGT's Reported perfs		

TUBING RECORD	Size 2 3/8	Set At 655	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 7-01-06	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____