

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 # 30076
Name: A & A PRODUCTION
Address: PO BOX 100
City/State/Zip: HILL CITY KS 67642
Purchaser: _____
Operator Contact Person: ANDY ANDERSON
Phone: (785) 421-6266
Contractor Name: A & A PRODUCTION
License: 30076
Wellsite Geologist: JERRY GREEN
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: _____
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. _____
12-21-01 1-8-02 1-8-02
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-23343-0000
County: ROOKS*
W/2 NE NE NW Sec. 2 Twp. 7 S. R. 17 East West
370 feet from S (circle one) Line of Section
2127 feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MELTON Well #: 1
Field Name: _____
Producing Formation: _____
Elevation: Ground: 1933 Kelly Bushing: _____
Total Depth: 3480 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1086 / 450 sks 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
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm
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.: _____

P.A. KGR 1/14/08
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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: Andy Anderson
Title: Pres. Date: 2-15-02
Subscribed and sworn to before me this 15th day of February, 2002
Notary Public: Jeta A. Anderson
Date Commission Expires: 1-21-04

JETA A. ANDERSON
Graham County, Kansas
My Appl. Exp. 1-21-04

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: A & A PRODUCTION Lease Name: MELTON Well #: 1
 Sec. 2 Twp. 7 S. R. 17 East West County: ROOKS

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANHYDRITE	1340 - 70 598
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka	2835 -897
List All E. Logs Run: Dual Induction Log		Heebner	3047 -1109
		Toronto	3074 -1136
		Lansing-KC	3094 -1156
		Lasing KC-Base	3336 -1399
		Arbuckle	3456 -1518
		RTD	3474 -1536

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	# Sacs Used	Type and Percent Additives
SURFACE	12 1/4	8 5/8	20	1091	60/40 POZ	450	3% CC 2% Gel

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 <i>(Amount and Kind of Material Used)</i>	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 checked="" 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 <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566

 * INVOICE *

Invoice Number: 086259 **ORIGINAL**

Invoice Date: 12/28/01

Sold Empire Exploration
 To: 3108 E. 13th
 Hays, KS
 67601

Cust I.D.: EmpExp
 P.O. Number...: Melton #1
 P.O. Date.....: 12/28/01
 Due Date.: 01/27/02
 Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	270.00	SKS	6.6500	1795.50	E
Pozmix	180.00	SKS	3.5500	639.00	E
Gel	9.00	SKS	10.0000	90.00	E
Chloride	14.00	SKS	30.0000	420.00	E
Handling	473.00	SKS	1.1000	520.30	E
Mileage (45)	45.00	MILE	18.9200	851.40	E
473 sks @\$.04 per sk permi					
Surface	1.00	JOB	630.0000	630.00	E
Mileage pmp trk	3.00	MILE	45.0000	135.00	E
Plug	1.00	EACH	100.0000	100.00	E
Guide Shoe	1.00	EACH	215.0000	215.00	E
Baffle Plate	1.00	EACH	45.0000	45.00	E
Centralizers	2.00	EACH	50.0000	100.00	E

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$ 554.12
 ONLY if paid within 30 days from Invoice Date

Subtotal:	5541.20
Tax.....:	0.00
Payments:	0.00
Total....:	5541.20

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ALLIED CEMENTING CO., INC.

09568

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

OAKLEY

DATE <u>1-8-02</u>	SEC. <u>2</u>	TWP. <u>75</u>	RANGE <u>17W</u>	CALLED OUT	ON LOCATION <u>4:00PM</u>	JOB START <u>4:15 PM</u>	JOB FINISH <u>7:00 PM</u>
LEASE <u>MELTON</u>	WELL # <u>1</u>	LOCATION <u>STOCKTON 4E 2N-1E</u>			COUNTY <u>ROCK</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR AJA DRILL

TYPE OF JOB PTA

HOLE SIZE 7 7/8" T.D. 3480'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 3470'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 205 SKS 60/40POZ 6266L4 17 FLO SEAL

COMMON	<u>123</u>	<u>SKS</u>	@	<u>6.65</u>	<u>817.95</u>
POZMIX	<u>82</u>	<u>SKS</u>	@	<u>3.53</u>	<u>291.16</u>
GEL	<u>10</u>	<u>SKS</u>	@	<u>10.00</u>	<u>100.00</u>
CHLORIDE			@		
<u>Flo Seal</u>	<u>51</u>	<u>#</u>	@	<u>1.40</u>	<u>71.40</u>
			@		
			@		
			@		
			@		
HANDLING	<u>217</u>	<u>SKS</u>	@	<u>1.10</u>	<u>238.70</u>
MILEAGE	<u>4¢</u>	<u>per SK/mile</u>			<u>390.60</u>

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

300 HELPER WAYNE

BULK TRUCK

315 DRIVER LOUISE

BULK TRUCK

_____ DRIVER _____

TOTAL 1,909.75

REMARKS:

25 SKS AT 3470'

25 SKS AT 1340'

40 SKS AT 1120'

90 SKS AT 800'

10 SKS AT 40'

15 SKS RAT HOLE

SERVICE

DEPTH OF JOB	<u>3470'</u>	
PUMP TRUCK CHARGE		<u>630.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>45 miles</u>	@	<u>3.00</u>
PLUG <u>8 5/8 DRY HOLE</u>	@	<u>23.00</u>
	@	
	@	

THANK YOU

TOTAL 788.00

CHARGE TO: EMPIRE EXPLORATION

STREET _____

CITY _____ STATE _____ ZIP _____

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FEB 20 2002

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FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____