

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE.

API NO. 15- 051-25,081-0000

County ELLIS

^{APPROX}
SE - SE - SE - NW Sec. 6 Twp. 11 Rge. 20 ^E_W

2500 3140 Feet from (S) (circle one) Line of Section

2710 2825 Feet from (E/W) (circle one) Line of Section

KCC GPS Footages KJR
Footages Calculated from Nearest Outside Section Corner:
NE, (SE) NW or SW (circle one)

Lease Name RICHARDS Well # 9

Field Name MENDOTA

Producing Formation ARBUCKLE

Elevation: Ground 2052' KB 2057'

Total Depth 3732' PBDT 3692'

Amount of Surface Pipe Set and Cemented at 219 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1492'

feet depth to SURFACE w/ 225 sx cmt.

Drilling Fluid Management Plan NO II KJR 1-11-08
(Data must be collected from the Reserve Pit)

Chloride content 28000 ppm Fluid volume 400 bbls

Dewatering method used ALLOW TO DRY AND BACKFILL

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

Operator: License # 5259

Name: MAI OIL OPERATIONS, INC.

Address P.O. BOX 33

City/State/Zip RUSSELL, KS. 67665

Purchaser: NCRA

Operator Contact Person: ALLEN BANGERT

Phone (785) 483 2169

Contractor: Name: VONFELDT DRILLING

License: 9431

Wellsite Geologist: TODD MORGENSTERN

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:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

3-19-2001 3-27-2001 3-28-2001
Spud Date Date Reached TD Completion Date

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 on 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 Allen Bangert

Title PROD. SUPT. Date 6-6-2001

Subscribed and sworn to before me this 6th day of June, 2001.

Notary Public Verona May Hutchings

Date Commission Expires April 10, 2005

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Operator Name MAI OIL OPERATIONS, INC. Lease Name RICHARDS Well # 9

Sec. 6 Twp. 11 Rge. 20 East West County ELLIS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: COMPENSATED NEUTRON DENSITY LOG, DUAL INDUCTION LOG BOND LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr><td>ANHYDRITE</td><td>1501</td><td>556</td></tr> <tr><td>TOPEKA</td><td>3087</td><td>-1030</td></tr> <tr><td>HEEBNER</td><td>3291</td><td>-1234</td></tr> <tr><td>TORONTO</td><td>3311</td><td>-1254</td></tr> <tr><td>LANSING</td><td>3328</td><td>-1271</td></tr> <tr><td>BKC</td><td>3553</td><td>-1496</td></tr> <tr><td>SIMPSON SHALE</td><td>3615</td><td>-1558</td></tr> <tr><td>ARBUCKLE</td><td>3634</td><td>-1577</td></tr> <tr><td>LTD</td><td>3730</td><td>-1673</td></tr> <tr><td>RTD</td><td>3732</td><td>-1675</td></tr> </tbody> </table>	Name	Top	Datum	ANHYDRITE	1501	556	TOPEKA	3087	-1030	HEEBNER	3291	-1234	TORONTO	3311	-1254	LANSING	3328	-1271	BKC	3553	-1496	SIMPSON SHALE	3615	-1558	ARBUCKLE	3634	-1577	LTD	3730	-1673	RTD	3732	-1675
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CASING RECORD <input type="checkbox"/> New <input checked="" 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"	20#	219'	60-40POZ	150	2% GEL 3% CC
PRODUCTION	7 7/8"	5 1/2"	14#	3726'	ASC	175	

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
4	3654-58'	500 gal. 15% HCL w/ FE	

TUBING RECORD	Size 2 7/8"	Set At 3688'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 5-1-2001		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 30	Gas Mcf	Water Bbls. 20	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 3654-58'

Other (Specify) _____

Production Interval

ALLIED CEMENTING CO., INC.

ORIGINAL

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell
103-20-01

DATE <u>3-19-01</u>	SEC. <u>6</u>	TWP. <u>11 S</u>	RANGE <u>20 W</u>	CALLED OUT <u>8:30 AM</u>	ON LOCATION <u>10:00 PM</u>	JOB START <u>1:30 AM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>Richards</u>	WELL # <u>9</u>	LOCATION <u>Ellis N. To Co. Line 1 W</u>			COUNTY <u>Ellis</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one) <input checked="" type="radio"/> OLD <input type="radio"/> NEW		<u>1 S 1/2 E 1/2 N</u>					

CONTRACTOR VANFELDT DRILLING RIG #1 OWNER _____

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 219

CASING SIZE 8 5/8 2nd DEPTH 218

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 / BBL

EQUIPMENT _____

PUMP TRUCK # 345 CEMENTER Sh

BULK TRUCK # 282 HELPER Dave

BULK TRUCK # _____ DRIVER Shaw

BULK TRUCK # _____ DRIVER _____

CEMENT AMOUNT ORDERED 150 SK 6/40

2% GEL
3% CC

COMMON	<u>90</u>	@	<u>6.35</u>	<u>571.50</u>
POZMIX	<u>60</u>	@	<u>3.25</u>	<u>195.00</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1.05</u>	<u>165.90</u>
MILEAGE	<u>44 / SK</u>	@	<u>1.00</u>	<u>20.24</u>
TOTAL				<u>1303.14</u>

REMARKS:

SERVICE

Cement Circulated
Shaw

DEPTH OF JOB	_____		
PUMP TRUCK CHARGE	_____		<u>470.00</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>32</u>	@	<u>3.00</u> <u>96.00</u>
PLUG <u>8 5/8 WOODEN</u>	_____	@	<u>45.00</u>
		@	_____
		@	_____
TOTAL <u>611.00</u>			

CHARGE TO: MAI OIL OPERATIONS

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

TOTAL _____

ALLIED CEMENTING CO., INC

ORIGINAL

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

SERVICE POINT:

K

DATE <u>3-27-d</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>Richard</u>	WELL # <u>9</u>	LOCATION <u>Poleo S to G line ZW</u>			COUNTY <u>Ellis</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)				<u>15 Ent</u>			

CONTRACTOR Vonfeldt Inc

TYPE OF JOB Production string

HOLE SIZE 7 7/8 T.D. 3732

CASING SIZE 5 1/2 DEPTH 3721

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE X SHOE JOINT 30.80

CEMENT LEFT IN CSG. 30.80

PERFS _____

DISPLACEMENT 90 bbl

OWNER _____

CEMENT AMOUNT ORDERED 190 ASC 1/4 190.0

1/8 lb. flo. seal/sk

90 gal flush

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Mark

_____ HELPER Dave

BULK TRUCK _____

266 DRIVER Allen

BULK TRUCK _____

_____ DRIVER _____

TOTAL _____

REMARKS:

Central

15.80 1/2 1/2 1/2

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE FOR Man oil

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

Guide shoe @ _____

Insert @ _____

8 Centralizers @ _____

1- Basket @ _____

1- Dent collar @ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or

ALLIED CEMENTING CO., INC. ORIGINAL

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

SERVICE POINT: R

DATE <u>4/2/01</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>1:00 P.M.</u>	JOB START	JOB FINISH
LEASE <u>Richards</u>	WELL # <u>9</u>	LOCATION <u>Ellis 11 to Co line 1w 1s</u>			COUNTY <u>ELLIS</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)		<u>Y2E 5 JWD</u>					

CONTRACTOR Rep. d

TYPE OF JOB Port Celler

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL Port Celler DEPTH 1492'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 400 100/140 10970 Gals

1/4 # Flow Seal

USED 2005X

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____

EQUIPMENT

PUMP TRUCK # 177 CEMENTER Paul HELPER Ron

BULK TRUCK # 211 DRIVER Shane

BULK TRUCK # _____ DRIVER _____

TOTAL _____

REMARKS:

Press test csg to 1,000psi. Opened tool
break circulation. Circulated cementing
approx 2005x. Pumping 10 sec. Dpt. Closed
tool down to 1,000psi. Ran 10 jts. Washed
clean.

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Mai

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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