

ORIGINAL

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

Operator: License # 30717
Name: DOWNING-NELSON OIL CO., INC.
Address: P.O. Box 372
City/State/Zip: Hays, KS 67601
Purchaser: _____
Operator Contact Person: Ron Nelson
Phone: (785) 628-3449
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Ron Nelson

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. _____

1/29/04 2/4/04 2/5/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 195-22,245-00-00
County: Trego
110' N & 150' W of
C-SW SE Sec. 16 Twp. 13 S. R. 21W East West
770 feet from (S) (circle one) Line of Section
2230 feet from (E) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Kohl Well #: 1-16
Field Name: Wildcat
Producing Formation: None
Elevation: Ground: 2217 Kelly Bushing: 2225
Total Depth: 4010 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 209.28 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.
(10sks In Mouse Hole) (15sks In Rat Hole)
Drilling Fluid Management Plan PIA KGR 2/22/08
(Data must be collected from the Reserve Pit)
Chloride content 17,000 ppm Fluid volume 160 bbls
Dewatering method used Haul free fluids
Location of fluid disposal if hauled offsite:
Operator Name: BLACKHAWK PRODUCTION COMPANY
Lease Name: Calvert SWD License No.: 32504
Quarter SW/4 Sec. 14 Twp. 13 S. R. 20W East West
County: Ellis Docket No.: D- 27-326

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KCC WICHITA

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: Ron Nelson
Title: President Date: 7-23-04
Subscribed and sworn to before me this 23rd day of July
2004
Notary Public: Chris Schneider
Date Commission Expires: 8-20-07

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

CHRIS SCHNEIDER
Notary Public - State of Kansas
My Appt. Expires 8-20-07

Operator Name: DOWNING-NELSON OIL CO., INC. Lease Name: Kohl Well #: 1-16
 Sec. 16 Twp. 13 S. R. 21W East West County: Trego

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: <u>CDNL/GR, Microlog</u> <u>Sonic, Sonic</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhy.</td> <td>1606</td> <td>+619</td> </tr> <tr> <td>Base</td> <td>1646</td> <td>+579</td> </tr> <tr> <td>Topeka</td> <td>3230</td> <td>-1055</td> </tr> <tr> <td>Heebner</td> <td>3510</td> <td>-1285</td> </tr> <tr> <td>LKC</td> <td>3547</td> <td>-1322</td> </tr> <tr> <td>BKC</td> <td>3790</td> <td>-1565</td> </tr> <tr> <td>Marmaton</td> <td>3869</td> <td>-1643</td> </tr> <tr> <td>Arbuckle</td> <td>3950</td> <td>-1725</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhy.	1606	+619	Base	1646	+579	Topeka	3230	-1055	Heebner	3510	-1285	LKC	3547	-1322	BKC	3790	-1565	Marmaton	3869	-1643	Arbuckle	3950	-1725
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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	# Sacs Used	Type and Percent Additives
Surface Pipe	12 $\frac{1}{4}$	8 5/8	28	209.28	Common	150	2%Gel&3%CC

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 Plug- Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	D&A		

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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

ALLIED CEMENTING CO., INC.

15674

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <u>1-29-04</u>	SEC. <u>16</u>	TWP. <u>13 S</u>	RANGE <u>21 W</u>	CALLED OUT <u>11:00am</u>	ON LOCATION <u>1:30 PM</u>	JOB START <u>3:50pm</u>	JOB FINISH <u>4:00pm</u>
LEASE <u>KOHL</u>	WELL # <u>1-16</u>	LOCATION <u>RIGA T-20 EXIT</u>	COUNTY <u>Trego</u>		STATE <u>KANSAS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			<u>3 1/2 S 1/2 W 1/2 N</u>				

CONTRACTOR Discovery Drilling Rig #

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 211'

CASING SIZE 8 5/8 DEPTH 200'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 12 1/2 / BBL

EQUIPMENT _____

PUMP TRUCK # 345 CEMENTER Glenn

BULK TRUCK # 212 HELPER Shane

BULK TRUCK # _____ DRIVER LARRY (OAKLEY)

BULK TRUCK # _____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 150 SK Con. 28gel

3% CC

COMMON	<u>150</u>	@	<u>715</u>	<u>1072.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>10.00</u>	<u>30.00</u>
CHLORIDE	<u>5</u>	@	<u>30.00</u>	<u>150.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>1.15</u>	<u>181.70</u>
MILEAGE	<u>54/SK/MILE</u>			<u>316.00</u>

RECEIVED TOTAL 1750.20

AUG 18 2004

KCC WICHITA SERVICE

REMARKS:

Cement Circulated

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 520.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 40 @ 35.00 140.00

PLUG 8 5/8 Wooden @ _____ 45.00

_____ @ _____

_____ @ _____

TOTAL 705.00

THANKS

CHARGE TO: Downing & Nelson Oil Co.

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 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 Thomas Alm

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAY

Thomas Alm

PRINTED NAME



CHARGE TO: Downing & Nelson
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 6512

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Itays 12</u>	WELL/PROJECT NO. <u>i-16</u>	LEASE <u>Rohl</u>	COUNTY/PARISH <u>Trego</u>	STATE <u>Ks.</u>	CITY	DATE <u>2-5-04</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Discovery Int'l.</u>	RIG NAME/NO.	SHIPPED VIA <u>CIT</u>	DELIVERED TO <u>Loc.</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Plug To Abandon</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M			
575		1			MILEAGE #103	30	mil			2.50	75	00
576		1			Pump Service	1	ea			550.00	550	00
410		1			TOP Plug	1	ea	8.50	in	60.00	60	00
581		1			Service Charge	200	sh			1.00	200	00
583		1			Drainage	256	ton	0.85	mi	1.00	218	00
328		1			60/40 for 6% G&A	200	sh			5.90	1180	00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Thomas
 DATE SIGNED _____ TIME SIGNED _____
 A.M.
 P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2283	13
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	65	72
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	2348	85
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

OPERATOR Roger B. Saylor
 APPROVAL _____

Thank You!

