

15-051-25178-00-00

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 8061
Name: Oil Producers Inc. of Kansas
Address: P.O. Box 8647
City/State/Zip: Wichita, KS 67208
Purchaser: N/A
Operator Contact Person: Diana Richecky
Phone: (316) 681-0231
Contractor: Name: Mallard JV, Inc.
License: 4958
Wellsite Geologist: William H. Shepard

API No. 15 - 051-25178-00-00
County: Ellis
n/2 ne ne Sec. 34 Twp. 11 S. R. 20 East West
4950 feet from S / W (circle one) Line of Section
660 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Hall Well #: 1
Field Name: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

Producing Formation: N/A
Elevation: Ground: 2142 Kelly Bushing: 2147
Total Depth: 3222 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 236 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.

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. _____

Drilling Fluid Management Plan *Pit/lea 1-28-04*
(Data must be collected from the Reserve Pit)
Chloride content 33,600 ppm Fluid volume 300 bbls
Dewatering method used Evaporate & Restore
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

12/09/2002 12/13/2002 N/A 1A, 1B, 02
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion 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 of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with this 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: *John S. W...*
Title: President Date: 10/21/2003
Subscribed and sworn to before me this 21 day of October
19 2003.
Notary Public: _____
Diana L. Richecky
Date Commission Expires: 1/12/2004

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

Operator Name: Oil Producers Inc. of Kansas Lease Name: Hall Well #: 1
 Sec. 34 Twp. 11 S. R. 20 East West County: Ellis

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Geological Report	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Log</td> <td style="text-align: center;">Formation (Top), Depth and Datum</td> <td style="text-align: center;">Sample</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Top</td> <td style="text-align: center;">Datum</td> </tr> <tr> <td style="text-align: center;">Anhydrite</td> <td style="text-align: center;">1560</td> <td style="text-align: center;">587</td> </tr> <tr> <td style="text-align: center;">Topeka</td> <td style="text-align: center;">3210</td> <td style="text-align: center;">-1063</td> </tr> <tr> <td style="text-align: center;">RTD</td> <td style="text-align: center;">3222</td> <td style="text-align: center;">-1075</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum	Anhydrite	1560	587	Topeka	3210	-1063	RTD	3222	-1075
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample														
Name	Top	Datum														
Anhydrite	1560	587														
Topeka	3210	-1063														
RTD	3222	-1075														

CASING RECORD <input checked="" 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		8 5/8	23#	236	60/40 poz	195	2%gel,3%cc
Plugging					60/40 poz	190	6%gel,1/4#flose.

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
	N/A		

TUBING RECORD		Size	Set At	Packer At	Liner Run	
					Yes	No
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
			Flowing	Pumping	Gas Lift	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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Sumit ACO-18.) Other (Specify) _____



15-051-25178-00-00

CASING ORIGINAL COPY

SALES OFFICE:
 105 S. Broadway
 Suite #420
 Wichita KS 67202
 (316) 262-3699
 (316) 262-5799 FAX

SALES & SERVICE OFFICE:
 10244 NE Hiway 61
 P.O. Box 8613
 Pratt, KS 67124-8613
 (316) 672-1201
 (316) 672-5383 FAX

ACIDIZING - FRACTURING - CEMENTING

Invoice

Bill to: OIL PRODUCERS INC. OF KANSAS P.O. Box 8647 Wichita, KS 67208 RECEIVED 10-22-2003 OCT 22 2003 KCC WICHITA	6395901	Invoice	Invoice Date	Order	Order Date
		212034	12/13/02	5584	12/9/02
	Service Description				
	Cement				
		Lease		Well	
		Hall		1	
AFE	CustomerRep	Treater	Well Type	Purchase Order	Terms
	L. Urban	K. Gordley	New Well		Net 30

<u>ID.</u>	<u>Description</u>	<u>UOM</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Price</u>
D203	60/40 POZ (COMMON)	SK	195	\$7.84	\$1,528.80 (T)
C310	CALCIUM CHLORIDE	LBS	504	\$0.75	\$378.00 (T)
C194	CELLFLAKE	LB	48	\$2.00	\$96.00 (T)
F163	WOODEN CEMENT PLUG, 8 5/8"	EA	1	\$85.00	\$85.00 (T)
E107	CEMENT SERVICE CHARGE	SK	195	\$1.50	\$292.50
E100	HEAVY VEHICLE MILEAGE - 1 WAY	MI	110	\$3.25	\$357.50
E104	PROPPANT / BULK DELIV SERVICES/TON MILE, \$200 MIN	TM	924	\$1.30	\$1,201.20
R200	CASING CEMENT PUMPER, 0-300' 1ST 4" HRS ON LOC.	EA	1	\$662.00	\$662.00
R701	CEMENT HEAD RENTAL	EA	1	\$250.00	\$250.00

Sub Total:	\$4,851.00
Discount:	\$1,600.83
Discount Sub Total:	\$3,250.17
Tax Rate: 6.30%	Taxes: \$88.13
(T) Taxable Item	Total: \$3,338.30

PLEASE REMIT TO Acid Services, LLC, Dept No 1131 , Tulsa, OK 74182

Accounts become past due the last day of the month following billing. Interest rate 1.5% per month (18% per year) on past due accounts.

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ORIGINAL



INVOICE NO.		Subject to Correction		FIELD ORDER 5584	
Date	Lease	Well #	Legal		
12-9-02	HALL	1	34-11-20		
Customer ID	County	State	Station		
	ELLIS	Ks.	Pratt, Ks.		
OIL Prod. INC. OF Ks		Depth	Formation		Shoe Joint
		Casing 8 5/8	Casing Depth 236'	TD	Job Type SURFACE-NEW WELL
Customer Representative			Treater		
LAWSON			K. GORDLEY		

AFE Number	PO Number	Materials Received by
		X Lawson R Usher

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D203	175 SH.	60/40 POL CEMENT	✓			
C310	504 lb.	CHEMICAL ADDITIVE	✓			
C195	48 lb.	CELLULASE	✓			
F163	1 EA.	8 5/8 WOOD PLUG	✓			
RECEIVED						
OCT 22 2003						
10-22-2003						
KCC WICHITA						
E107	195 SK.	CEMENT SERV. CHARGE				
E100	110 mile	UNITS MILES				
E104	924 TM	TONS MILES				
R200	1 EA.	EA. 236' PUMP CHARGE				
R201	1 EA.	CEMENT HEADS RENTAL				
PRICE =				3250.17		

10244 NE Hiway 61 · P.O. Box 8613 · Pratt, KS 67124-8613 · Phone (620) 672-1201 · Fax (620) 672-5383 TOTAL

15-051-25178-00-00

RECEIVED
10-22-2003
OCT 22 2003

ORIGINAL

TREATMENT REPORT



KCC WICHITA

Customer ID		Date	
Customer OR Prod INC OF KS		12-9-02	
Lease HALL		Lease No.	Well # 1
Field Order # 5584	Station PRATT, KS	Casing 8 5/8	Depth 236'
Type Job SURFACE - NEW WELL		County ELLIS	State KS
Formation		Legal Description 34-11-20	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid 195 SK 60/40 P02	RATE	PRESS	ISIP	
Depth 236'	Depth	From	To	Pre-Pad 3 1/2 CC, 1/4" CF	Max		5 Min.	
Volume	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative LADON	Station Manager D. ANDREY	Treater K. CORSEY
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Service Units	107	27	36	72
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1930					ON LOCATION 12/9/02
2400					RUN 236' 8 5/8 CASING
					BREAK CORE
0145	200		43	5	MIX CEMENT 195 SK 60/40 P02 2 1/2 CC, 3 1/2 CC, 1/4" 1/2" CEMENT PLUG
					SHUT DOWN - REVERSE PLUG
	0		0	5	START DISP.
0215	175		14	5	PUNG DOWN
					CORE 2 SIL. CEMENT TO BIT
0300					JOB COMPLETE THANKS - LADON

ALLIED CEMENTING CO., INC. 11521

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665 15-051-25178-00-00

SERVICE POINT

ORIGINAL

DATE <u>12-13-07</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>9:30 AM</u>	JOB FINISH <u>10:45 AM</u>
LEASE <u>HOU</u>	WELL # <u>1</u>	LOCATION <u>ELLIS BN 10</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>MALLARA</u>	OWNER
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>3222</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2</u>	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

CEMENT
AMOUNT ORDERED 185 60% 40 6% GEL
1/4 LB FLO SEAL SK

COMMON	<u>111</u>	@	<u>665</u>	<u>738.15</u>
POZMIX	<u>74</u>	@	<u>355</u>	<u>262.70</u>
GEL	<u>9</u>	@	<u>10.00</u>	<u>90.00</u>
CHLORIDE		@		
<u>Flo Seal</u>	<u>47#</u>	@	<u>1.40</u>	<u>65.80</u>

EQUIPMENT

PUMP TRUCK	CEMENTER	<u>MARK</u>
# <u>345</u>	HELPER	<u>GLEN</u>
BULK TRUCK		
# <u>213</u>	DRIVER	<u>ROGER</u>
BULK TRUCK		
#	DRIVER	

HANDLING 185 @ 1.40 263.50
MILEAGE 44/SK / MILE 370.00

RECEIVED
10-22-2003
OCT 22 2003 SERVICE

TOTAL 1730.15

REMARKS:

75 SILS C. 1550
100 SILS C. 750
40 SILS C. 275
10 SILS C. 40
15 SILS C. R.H.

KGG WICHITA

PUMP TRUCK CHARGE		<u>630.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>50</u>	@	<u>3.00</u> <u>150.00</u>
PLUG <u>8% DRYHOLE</u>	@	<u>23.00</u>

TOTAL 803.00

CHARGE TO: DTL PRODUCERS

STREET _____

CITY _____ STATE _____ ZIP _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Luis R. Ude

PRINTED NAME