

15-195-22228-00-00

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 # 32948
Name: O'Dell-Tomlinson, LLC.
Address: 11404 Merridale
City/State/Zip: Wichita, Kansas 67212
Purchaser: NCRA
Operator Contact Person: Bob O'Dell
Phone: (316) 773-1933
Contractor: Name: L.D. Drilling, Inc.
License: 6039
Wellsite Geologist: Mike Maune

RECEIVED

5-14-2003
MAY 14 2003

KCC WICHITA

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. _____

2-11-2003 2-19-2003 3-22-2003
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 195-22228-0000
County: Trego
nw ne nw Sec. 24 Twp. 11 S. R. 21 East West
330 feet from S / (circle one) Line of Section
1750 feet from E / (circle one) Line of Section

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

Field Name: Walz
Producing Formation: Arbuckle

Elevation: Ground: 2141 Kelly Bushing: 2146
Total Depth: 3800 Plug Back Total Depth: 3768

Amount of Surface Pipe Set and Cemented at 306 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1539 Feet

If Alternate II completion, cement circulated from 1539
feet depth to surface w/ 175 sx cmt.

Drilling Fluid Management Plan Alt II well 5-20-03
(Data must be collected from the Reserve Pit)
Chloride content 4000 ppm Fluid volume 420 bbls
Dewatering method used evaporation

Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Bob O'Dell
Title: Partner Date: 5/7/03
Subscribed and sworn to before me this 7TH day of MAY, 2003
Notary Public: Janice K. Bright
Date Commission Expires: MAR 24, 2005

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

JANICE K. BRIGHT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

Operator Name: O'Dell-Tomlinson, LLC. Lease Name: Nicholson Well #: 1
 Sec. 24 Twp. 11 S. R. 21 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 checked="" type="checkbox"/> Yes <input 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: Dual Induction, Compensated Neutron-Compensated Density, Sonic, Correlation Log, Cement Bond Log	<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>Anhydrite</td> <td>1557</td> <td>+ 589</td> </tr> <tr> <td>Heebner</td> <td>3379</td> <td>- 1234</td> </tr> <tr> <td>Lansing</td> <td>3417</td> <td>- 1271</td> </tr> <tr> <td>Base Kansas City</td> <td>3638</td> <td>- 1492</td> </tr> <tr> <td>Arbuckle</td> <td>3702</td> <td>- 1556</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1557	+ 589	Heebner	3379	- 1234	Lansing	3417	- 1271	Base Kansas City	3638	- 1492	Arbuckle	3702	- 1556
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample																				
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Arbuckle	3702	- 1556																				

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	12-1/4"	8-5/8"	24#	306'	Common	180	3% gel, 2% cacl
Production	7-7/8"	5-1/2"	14#	3799'	Multi-density	135	7# gilsonite/sack

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1539	Multi-density	175	44# flocele-circ cement to surface

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	3706-3720	none	

TUBING RECORD		Size <u>2-7/8"</u>	Set At <u>3763'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 3-22-2003			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. 85	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio	Gravity 32

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) _____



15-195-22228-00-00

CHARGE TO:
OBELL TOMLINSON LLC
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No. **5268**

PAGE 1 OF 1

SERVICE LOCATIONS: **NESS CITY, KS**
 WELL/PROJECT NO.: **01**
 LEASE: **NICHOLSON**
 COUNTY/PARISH: **TRIGO**
 STATE: **KS**
 CITY: **NESS CITY**
 DATE: **7-21-03**
 OWNER: **SAME**

TICKET TYPE: SERVICE SALES
 CONTRACTOR: **EXPRESS W/ SERVICE**
 RIG NAME/NO.:
 SHIPPED VIA: **CT**
 DELIVERED TO: **LOCATION**
 ORDER NO.:

WELL TYPE: **OIL**
 WELL CATEGORY: **DEVELOPMENT**
 JOB PURPOSE: **CEMENT TOP STAGE**
 WELL PERMIT NO.:
 WELL LOCATION: **ELLIS-2 h.w. 1E, 7W, 2W, 1W, 1 h.w. ss**

REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M.		UNIT PRICE	AMOUNT
		LOC.	ACCT.	DF.							
575		1			MILEAGE # 104	40		mi.		2.50	100.00
577		1			PUMP SERVICE	1		JOB		700.00	700.00
105		1			PORT COLLAR OPENING TOOL	1		JOB		400.00	400.00
330		1			SWIFT MULTI DENSITY STANDARD	175		sq.		9.50	1662.50
276		1			FLOOR	44		sq.		.90	39.60
581		1			SERVICE CHARGE CEMENT	175		sq.		1.00	175.00
583		1			DRAINAGE	17334		sq.	346.68	.75	260.01

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 MAY 14 2003
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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

[Signature]
 DATE SIGNED: **7-21-03** TIME SIGNED: **1230**
 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	333711
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				TAX	ORIGINAL
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <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: **WAVE WASON**
 APPROVAL:

Thank You!

JOB LOG

CUSTOMER ODELL TOMLINSON LLC	WELL NO. H 1	LEASE NICHOLSON	JOB TYPE CMT PORT COLLAR	TICKET NO. 5268
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1215							ON LOCATION
								RECEIVED 5-14-2003 MAY 14 2003 KCC WICHITA
	1245							START TOOL AT WELL
	1400				✓		1000	LOCATE PORT COLLAR - PST TEST
	1405	4	3	✓		250		OPW P.C - 243 RATE
								MAX CMT - 175 SKS MISC - DISPLACE 8 BBL'S
	1420	4	97	✓		250		
	1454				✓		1000	CLOSE PORT COLLAR - PST TEST
	1500	3	16		✓		300	RW 4.375 - CALCULATE CLWD
								CIRCULATED 20 SKS CMT TO PCT ✓
	1525							PULL TUBING
	1630							JOB COMPLETE
								THANK YOU WAYNE DUSTY SWAJ

15-195-22228-00-00



CHARGE TO:
O'Dell-~~St~~ Tomlinson LLC

ADDRESS

CITY, STATE, ZIP CODE

TICKET No 5203

PAGE 1 OF 2

SERVICE LOCATIONS 1. Hays Ks	WELL/PROJECT NO. 1	LEASE Nicholson	COUNTY/PARISH Trego	STATE KS	CITY	DATE 2-19-03	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. L O Drily	SHIPPED VIA 105	DELIVERED TO N. Ellis	ORDER NO.	
3.	WELL TYPE oil	WELL CATEGORY Development	JOB PURPOSE Ys	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							
575					MILEAGE 105	40	mi			2.50	100.00
578					Pump charge	1	EA	3800	FT		1200.00
400					Guide shoe	1	EA	5 1/2	IN		80.00
401					insert w/auto fill	1	EA				110.00
409					fluidmaster Centralizer	10	EA			40.00	400.00
403					Cement Basket	2	EA			110.00	220.00
404					Port Collar	1	EA				1500.00
410					Top Plug	1	EA				50.00
281					Mud Flush	500	Gal				250.00
221					Liquid KCC	2	Gal				38.00
299					Rotating Head	1	Job				100.00
					From Continuation						2516.95

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

X *[Signature]*

DATE SIGNED: 2-19-03
TIME SIGNED: 12:00
 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6564.95
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

ORIGINA

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

SWIFT OPERATOR: *[Signature]* APPROVAL: _____

Thank You!

15-195-2228-00-00

ORIGINAL

SWIFT Services, Inc.

JOB LOG

DATE 2-19-03 PAGE NO.

CUSTOMER 0 de/Red Tomlinson	WELL NO. 1	LEASE Nicholson	JOB TYPE 2/5	TICKET NO. 5203
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1140							on loc Rig Laying down T.O. 3800'
	1230							ST CSG used 5' 1/2" shoe JT 30.78'
								Rein Guide Shoe
								Cent on collars 1, 2, 3, 4, 7, 8, 9, 14, 15
								56
								Baskets on top of JTs 4 & 56
								Port collar on top of JT 57 1539'
	1400							CSG on Bottom set 2' off Bottom
	1410							ST CMC & Rotate
	1440							Plug Rat Hole w/ 155KSCMT
	1445		12 BBL					ST 500 mudflush
			20 BBL					20 BBL Cleanup water
			47.30					150 SKS SMO w/ 7 1/2" SK Gilsonite & 1/2% CFR-2, 1/2% D-AIR mixed at 13.5' flush mix CMT. Wash out P&L
								Release Plug & ST Disp
	1510		90.5				1200	Plug Down
	1515							Release float held
	1600							Job Complete
								Cent at 3769' Baskets at 3650'
								3729' 1579'
								3689'
								3650' Port collar 1539'
								3524'
								3484'
								3444'
								3243'
								3203'
								1579'

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5-14-2003
KCC WICHITA

15-195-22228-00-00

ALLIED CEMENTING CO., INC.

09547

ORIGINAL

SERVICE POINT:

Oakley

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

DATE <u>2-12-03</u>	SEC. <u>24</u>	TWP. <u>11s</u>	RANGE <u>21 W</u>	CALLED OUT	ON LOCATION <u>2:30 AM</u>	JOB START <u>4:30 AM</u>	JOB FINISH <u>5:00 AM</u>
LEASE <u>Nicholson</u>	WELL # <u>1</u>	LOCATION <u>I 70 + Rig Exit 1/4 N 3 E 9 1/2 N</u>			COUNTY <u>Trego</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)				<u>3/4 W 1 1/4 S in</u>			

CONTRACTOR L D Drlg

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 310'

CASING SIZE 8 5/8 DEPTH 307'

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 18 1/2 Bbls

EQUIPMENT

PUMP TRUCK CEMENTER Dean

300 HELPER Wayne

BULK TRUCK

218 DRIVER Lonnie

BULK TRUCK

DRIVER

OWNER Same

CEMENT

AMOUNT ORDERED 1805ks com 3 1/2 in 22 Grl

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

TOTAL _____

REMARKS:

Cement did circulate ✓

Thank you

SERVICE

DEPTH OF JOB 307'

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG 8 5/8 Surface @ _____

TOTAL _____

CHARGE TO: O'Dell-Tominson LLC

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 Michael Pedge

Michael Pedge

PRINTED NAME