

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Operator: License # 9855
Name: Grand Mesa Operating Company
Address: 200 E. First St., Ste 307
City/State/Zip: Wichita, KS 67202
Purchaser: none
Operator Contact Person: Ronald N. Sinclair
Phone: (316) 265-3000
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Pat Deenihan

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. _____

11/19/2005 11/27/05 11/27/05

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 135-24406-00-00

County: Ness

NE NE SW NW Sec. 2 Twp. 16 S. R. 23 East West

1450 feet from S N (circle one) Line of Section

1255 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Scott Well #: 1-2

Field Name: Wildcat

Producing Formation: None

Elevation: Ground: 2339' Kelly Bushing: 2343'

Total Depth: 4426' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 7 jts @ 208 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 ; ACT # DPW 12-19-05
(Data must be collected from the Reserve Pit) P's A

Chloride content 3,200 ppm Fluid volume 6,800 bbls

Dewatering method used Evaporation & Backfill

Location of fluid disposal if hauled offsite: _____

Operator Name: RECEIVED

Lease Name: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: WICHITA 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: [Signature]

Title: President Date: December 5, 2005

Subscribed and sworn to before me this 5th day of December

20 05

Notary Public: Phyllis E. Brewer, Notary

Date Commission Expires: July 21, 2007

PHYLLIS E. BREWER
Notary Public - State of Kansas
My Appl. Expires 7-21-07

KCC Office Use ONLY

Yes Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

436

Operator Name: Grand Mesa Operating Company Lease Name: Scott Well #: 1-2
 Sec. 2 Twp. 16 S. R. 23 East West County: Ness

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>	<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	<table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr> <td>Stone Corral</td> <td>1693</td> <td>+ 650</td> </tr> <tr> <td>Heebner</td> <td>3695</td> <td>-1352</td> </tr> <tr> <td>Lansing</td> <td>3730</td> <td>-1387</td> </tr> <tr> <td>B/KC</td> <td>4024</td> <td>-1681</td> </tr> <tr> <td>Pawnee</td> <td>4111</td> <td>-1768</td> </tr> <tr> <td>Ft. Scott</td> <td>4204</td> <td>-1861</td> </tr> <tr> <td>Cherokee Shale</td> <td>4225</td> <td>-1882</td> </tr> <tr> <td>Cher. Cht. Cong.</td> <td>4289</td> <td>-1946</td> </tr> <tr> <td>Mississippian</td> <td>4298</td> <td>-1955</td> </tr> <tr> <td>Gilmore City</td> <td>4402</td> <td>-2059</td> </tr> <tr> <td>LTD</td> <td>4426</td> <td></td> </tr> </table>	Name	Top	Datum	Stone Corral	1693	+ 650	Heebner	3695	-1352	Lansing	3730	-1387	B/KC	4024	-1681	Pawnee	4111	-1768	Ft. Scott	4204	-1861	Cherokee Shale	4225	-1882	Cher. Cht. Cong.	4289	-1946	Mississippian	4298	-1955	Gilmore City	4402	-2059	LTD	4426	
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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: Comp. Density/Neutron PE Log, DI Log.																																					

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	12 1/4"	8 5/8"	24#	208'	Common	160SX	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 checked="" type="checkbox"/> Plug Off Zone	4426'	60/40 Poz Mix	255SX	6% Gel, 1/4# SX Flocele

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
		RECEIVED	
		FEB 17 2005	
		KCC WICHITA	

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ALLIED CEMENTING CO., INC. 18431

Federal Tax I.D.#

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

SERVICE POINT: Ness City

DATE <u>11-27-05</u>	SEC. <u>2</u>	TWP. <u>16s</u>	RANGE <u>23W</u>	CALLED OUT <u>10:30 AM</u>	ON LOCATION <u>12:30 PM</u>	JOB START <u>3:00 PM</u>	JOB FINISH <u>5:00 PM</u>
LEASE <u>Scott</u>			WELL # <u>1-2</u>		LOCATION <u>4-283 lot 3e 3 1/2 W</u>		COUNTY <u>Ness</u>
STATE <u>KS</u>			OLD OR <u>NEW</u> (Circle one)				

CONTRACTOR MURFIN DRUG # 24 OWNER GRAND MESA Op.

TYPE OF JOB ROTARY DRUG

HOLE SIZE 7 7/8" T.D. 4485'

CASING SIZE 8 5/8" DEPTH 208'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 295 cu ft 60/40 6% GEL 1/4" NO SEAL

COMMON	<u>153 cu</u>	@	<u>8.70</u>	<u>1331.10</u>
POZMIX	<u>102 cu</u>	@	<u>4.70</u>	<u>479.40</u>
GEL	<u>13 cu</u>	@	<u>14.00</u>	<u>182.00</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____
<u>NO SEAL 6 1/4"</u>	_____	@	<u>1.70</u>	<u>108.80</u>
RECEIVED	_____	@	_____	_____
DEC 07 2005	_____	@	_____	_____
KCC WICHITA	_____	@	_____	_____
HANDLING	<u>2.70 mi</u>	@	<u>1.60</u>	<u>432.00</u>
MILEAGE	<u>2.70 mi</u>	@	<u>0.60</u>	<u>334.00</u>
TOTAL	_____	_____	_____	<u>2857.30</u>

EQUIPMENT

PUMP TRUCK CEMENTER BUD

224 HELPER Tim W

BULK TRUCK DRIVER Tim D.

341

BULK TRUCK DRIVER _____

REMARKS:

1st Plug 1730' w/ 50 cu ft 60/40 6% GEL 1/4" NO SEAL 2nd Plug 1030'

w/ 80 cu ft 60/40 6% GEL 1/4" NO SEAL 3rd Plug 540 Ft 50 cu ft 60/40 6% 1/4" NO SEAL

4th Plug 230 Ft 40 cu ft 60/40 6% 1/4" NO SEAL 5th Plug 60 Ft 20 cu ft

SERVICE

DEPTH OF JOB	<u>1730</u>	_____	_____
PUMP TRUCK CHARGE	_____	@	<u>665.00</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>20</u>	@	<u>5.00</u>
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
TOTAL	_____	_____	<u>765.00</u>

CHARGE TO GRAND MESA Operating

STREET 200 East First St Suite 307

CITY Wichita STATE KS ZIP 67202

PLUG & FLOAT EQUIPMENT

MANIFOLD	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
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 Anthony Martin

Great Job Guys

Anthony Martin

PRINTED NAME

ALLIED CEMENTING CO., INC. 18431

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

SERVICE POINT: Ness City

DATE <u>11-27-05</u>	SEC. <u>2</u>	TWP. <u>16s</u>	RANGE <u>23w</u>	CALLED OUT <u>10:30/AM</u>	ON LOCATION <u>12:30/PM</u>	JOB START <u>3:00/PM</u>	JOB FINISH <u>5:00/PM</u>
LEASE <u>SCOT</u>		WELL # <u>1-2</u>		LOCATION <u>4-283 Jct 3E 3 1/2 N</u>		COUNTY <u>NESS</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR MURFIN DRUG # 24 OWNER GRAND MESA OIL

TYPE OF JOB ROTARY DRUG

HOLE SIZE 7 7/8" T.D. 4425'

CASING SIZE 8 5/8" DEPTH 208'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER BUD

224 HELPER TIM W

BULK TRUCK DRIVER TIM D.

_____ DRIVER _____

CEMENT AMOUNT ORDERED 2550# 60/40 6% GEL
1/4" RO SEAL

COMMON 153 AL @ 8.70 1331.10

POZMIX 102 AL @ 4.70 479.40

GEL 13 AL @ 14.00 182.00

CHLORIDE @ _____

ASC @ _____

RO SEAL 6 1/4" @ 1.70 108.80

@ _____

@ _____

@ _____

@ _____

@ _____

HANDLING 2.70/MP @ 1.60 432.00

MILEAGE 2.70/MP @ 20 334.00

TOTAL 2857.30

REMARKS:

1st PLUG 1730' w/ 50# 60/40 6% GEL
4 1/4" RO SEAL 2nd PLUG 1030'
w/ 50# 60/40 6% GEL 1/4" RO SEAL
3rd PLUG 540 FT 50# 60/40 6% GEL
4th PLUG 230 FT 50# 60/40 6% GEL
TOP PLUG 50 FT 20#

SERVICE

DEPTH OF JOB 1730

PUMP TRUCK CHARGE _____ 665.00

EXTRA FOOTAGE @ _____

MILEAGE 20 @ 5.00 100.00

@ _____

@ _____

@ _____

TOTAL 765.00

CHARGE TO GRAND MESA OPERATING

STREET 200 East First St Suite 307

CITY Wichita STATE KS ZIP 67202

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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PRINTED NAME