

**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

ORIGINAL

Operator: License # 639 6039
 Name: L. D. DRILLING, INC.
 Address: 7 SW 26TH AVENUE
 City/State/Zip: GREAT BEND, KS 67530
 Purchaser: N.C.R.A.
 Operator Contact Person: L. D. DAVIS
 Phone: (620) 793-3051
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____
 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: L. D. DRILLING, INC.
 Well Name: HALL "C" #1-14
 Original Comp. Date: 3/25/04 Original Total Depth: 3750'
 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. 0-28,379

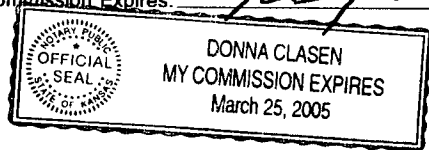
<u>3/03/04</u>	<u>3/16/04</u>	<u>7/07/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 23235-00-01 185-23235-0001
 County: STAFFORD
SW SE NW SE Sec. 14 Twp. 21 S. R. 13 East West
1450 feet from (S) N (circle one) Line of Section
1780 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 "C" Well #: 1-14
 Field Name: MUELLER
 Producing Formation: ARBUCKLE (DISPOSAL)
 Elevation: Ground: 1863 Kelly Bushing: 1872
 Total Depth: 3886 Plug Back Total Depth: 3886
 Amount of Surface Pipe Set and Cemented at 276 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
 (Data must be collected from the Reserve Pit) OWWO KQR 2/22/00
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled off **RECEIVED**
KANSAS CORPORATION COMMISSION
 Operator Name: _____ JUL 21 2004
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ **CONSERVATION DIVISION** West
 County: _____ **WICHITA, KS** 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: Raymond A. ...
 Title: PETROLEUM ENGINEER Date: 7/20/04
 Subscribed and sworn to before me this 20th day of July
20 004
 Notary Public: Donna Clasen
 Date Commission Expires: 3/25/2005



KCC Office Use ONLY

_____ Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 UIC Distribution

Operator Name: L. D. DRILLING, INC. Lease Name: HALL "C" Well #: 1-14
 Sec. 14 Twp. 21 S. R. 13 East West County: STAFFORD

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

PREVIOUSLY SUBMITTED

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

PREVIOUSLY SUBMITTED

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 KANSAS CORPORATION COMMISSION
 JUL 21 2004
 CONSERVATION DIVISION
 WICHITA, KS

CASING RECORD <input 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#	276	73/30 POZMIX	275	2% SALT, 3% GEL
PRODUCTION	7-7/8"	4-1/2"	10-1/2#	3747'	50/50 POZMIX	175	GILSONITE, SALT

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	3594-97'	COMMON	75	FRICITION REDUCER, FLUID LOSS ADDITIVE
	3516-3576'	COMMON	100	FRICITION REDUCER, FLUID LOSS ADDITIVE

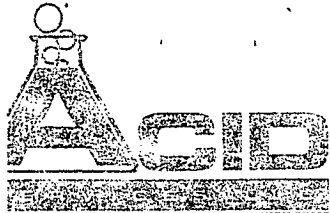
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	PERF: 3594-97' (LATER SQUEEZED)	750 GALLONS 28% NE-FE	3594-97'
2	PERF: 3516-26' (LATER SQUEEZED)	500 GALLONS 28% NE-FE	3516-26'
OPEN HOLE		1500 GALLONS 28% NE-FE	3747-3886'
	BRIDGE PLUG SET 6/17/04, DRILLED OUT 7/02/04		3560'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	3700'	3700'	<input type="checkbox"/> Yes <input checked="" 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

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

Production Interval 3747' - 3886'
ARBUCKLE



TREATMENT REPORT

Customer ID	Date
Customer: L.O. Dalg Inc.	3-16-04
Lease: Hall "C"	Lease No. Well # 1-14
Order # 1927 Station: PROT	Casing 4 1/2 Depth 3747.34 County STAFFORD State KJ
Job 4 1/2 L.S. New Well	Formation TO: 3750' Legal Description 14-21S-13W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
ing Size	Tubing Size	Shots/Ft		Rate	Press	ISIP		
4 1/2				175 SK. 50/50 Poz				
3747.34	Depth	From	To	Pre Pad 2 1/2 60/60 6% Colset .3	Rate 3 3/4	Press 320	ISIP 5 Min.	
39.99	Volume	From	To	1 1/2 Deformation 100%	Rate 5#	Press GILSONITE	ISIP 10 Min.	
2000	Max Press	From	To	Frac 14.2 1/2 EAL 1.42 ft	Avg		ISIP 15 Min.	
C. Connection	Annulus Vol.	From	To	25 SKs 60/40 Poz R. M	Rate 1 1/2	Press H2O	Annulus Pressure	
104.11	Packer Depth	From	To	Flush 20 Bbls 2 1/2 KCL 12 B	Rate 1 1/2	Press MUD FLUSH	Total Load	

Customer Representative: L.O. DAVIS Station Manager: D. AUBRY Treater: T. SEBA

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
20					Called out
30					ON LOC w/ TRK'S & SAFETY MTG
					RUN 37 JT'S 4 1/2 10.5" CSG SET @ 3747.34
					G. SHOE: ISPV 1JT = 43.23
					CENT 1-3-5-7-9-11-13
5					CSG ON BOTTOM: TAG DROP BALL
20					Hook up TO CSG & BREAK CIRC w/ RIG
40	200			4 1/2	START PUMPING PREFLUSHES
			20		20 Bbls 2 1/2 KCL
			12		12 Bbls MUD FLUSH
			3		3 Bbls H2O
			44.26		START MIX: Pump 175 SK; 50/50 Poz @ 14.2 1/2
00			10		SHUT DOWN RELEASE PLUG CLEAR PUMP! 2 TUBS
04	200			6 1/2	START DISO
	500		47	4	LIFT CMT
15	1000		53.99	3	PLUG DOWN
	1500				RT TO LINK PSE W/ LINK PSE W/
					RELEASE: HEAD
					25 SKs 60/40 Poz
					PLUG K-M HOLES
					JOB COMPLETE

THANKS, TORD



INVOICE NO.	Subject to Correction			FIELD ORDER 7927
Date: 3-16-04	Lease: HALL "C"	Well #: 1-14	Logs: 14-215-13W	
Customer ID	County: STAFFORD	State: Ks	Station: FRAT	
L.D. DRILLING, INC.	Depth: 105' PM	Formation:	Shoe Joint: 43.23	
Casing: 4 1/2" ID	Casing Depth: 3747'	ID: 3780'	Job Type: NEW WORK	
Customer Representative: L.O. DAVIS		Treater: T-SESS		

PE Number	PO Number	Materials Received by: <i>L.O. Davis</i>
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Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING CORRECTION	AMOUNT
204	175 SKS	5050 Poz				
203	25 SKS	6240 Poz				
311	894 lbs	CAL SET				
321	790 lbs	CAL SET				
281	885 lbs	SAR				
244	45 lbs	CMT FERTILIZER				
195	120 lbs	FLA-322				
243	15 lbs	DEFOAMER				
190	1 EA	C-SABE REG.				
230	1 EA	TRW FLAPPER TYPE				
142	1 EA	TOP RUBBER PLUG				
100	7 EA	Turbolizer				
302	500 GAL	MUD PLUG				
141	2 GAL	COOL				
107	200 SKS	CMT SEW. CHARGE				
101	45 mt	PU mt				
100	45 mt	UNITS /WAY MILES 45				
104	385 TM	TONS MILES				
203	1 EA	EA. 3747 PUMP CHARGE				
701	1 EA	CMT LIEDD RENTAL				
DISCOUNTED PRIC =				5,723.23		
+ TAXES						

274 NE Highway 61, Box 863, Pella, KS 67424-8663 Phone (620) 672-1201 Fax (620) 672-3365 TOTAL



TREATMENT REPORT

Acid Stage No.

Date: 6-15-04 District: GB F. O. No. 24496
 Company: L. D. Davis
 Well Name & No.: Harc 1-
 Location: _____ Field: _____
 County: STAFFORD State: KS
 Casing: Size: 4 1/2 Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No, Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2 3/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T. D. _____ ft. P. H. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown: _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 Flush _____ Bbl. /Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil /Water to Load Hole: _____ Bbl. /Gal.
 Pump Trucks No. Used: Std _____ Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative L. D. Davis Treater A. G. Curtis

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				Run Packer w/ hole
:				set @ 3475'
:				Squeeze Annular Pores
:				50 sks w/ .6% CELITE
:				25 sks Common
:				Well Squeezed to
:				1500'
:				Reverse Out Tubing &
:				Tools
:				Trip Out of Hole
:				JOB Complete
:				Thank You
:				A. G. Curtis

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 KANSAS CORPORATION COMMISSION
 JUL 21 2004
 CONSERVATION DIVISION
 WICHITA, KS



FIELD ORDER N^o 24496

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 6-15 2004

IS AUTHORIZED BY: L. D. DRIG
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HALL C Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County ~~SEAFORD~~ State KS

CONDITIONS: As a part of the consideration hereof It is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
3001	36	MILEAGE TOOLS R.T.	.75	27.00
3002	1	HD PACKER		750.00
ELE	1	SQUEEZE MANIFOLD		100.00
1030	18	MILEAGE PUMP TRACK	2.50	45.00
1031	1	PUMP CHARGE		800.00
1001	75	COMMON	7.25	543.75
1064	2	CFL117L FLUID LOSS	75.00	150.00
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1000	75	Bulk Charge	1.00	75.00
1001		Bulk Truck Miles <u>3.5T x 50M = 176.25 TM</u>	1.85	149.81
		Process License Fee on _____ Gallons		
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative A. B. CURTIS
Station GB

L. D. DRIG
Well Owner, Operator or Agent

Remarks _____
KEYS #41801

NET 30 DAYS



TREATMENT REPORT

Customer ID		Date	
Customer: <i>G.D. DRUG INC.</i>		<i>7-3-04</i>	
Lease: <i>HAUL 'C'</i>	Lease No.	Well # <i>1-14</i>	
Field Code # <i>5598</i>	Station: <i>PRAN, KS.</i>	Casing: <i>4 1/2</i>	Depth:
Type Job: <i>SQUEEZE - 10W</i>	Formation: <i>ARB & CONG.</i>	County: <i>STAFFORD</i>	State: <i>KS.</i>
		Legal Description: <i>14-21-13</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size: <i>4 1/2</i>	Tubing Size: <i>2 3/8</i>	Shots/FT		Acid		RATE	PRESS	ISIP
Depth	Depth	From <i>3516</i>	To <i>3526</i>	Pre Pad				5 Min.
Volume	Volume: <i>13.5</i>	From <i>3510</i>	To <i>3513</i>	Pad				10 Min.
Max Press	Max Press	From	To	Frac				15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Plucker Depth: <i>3479</i>	From	To	Flush		Gas Volume		Total Load

Customer Representative: <i>G.D.</i>	Station Manager: <i>AMSTAD</i>	Treater: <i>GORNEY</i>
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log				
<i>2500</i>			<i>120</i>	<i>26</i>	<i>46</i>	<i>75</i>			
									RECEIVED KANSAS CORPORATION COMMISSION JUL 21 2004 CONSERVATION DIVISION WICHITA, KS
									ON LOCATION PERFS - 3516-26, 3520-73 SET PER - 3479
									PSD ANN. - 500#
		<i>900</i>		<i>1</i>					INT. RATE TRG - 1BPM - 900#
		<i>900</i>	<i>11</i>	<i>1</i>					MIX CEMENT
		<i>400</i>	<i>10</i>	<i>1 1/2</i>					50 SK. COMMON 8/10% FLUA-322
			<i>21</i>						50 SK. COMMON
		<i>100</i>	<i>0</i>	<i>1</i>					SDP - WASH CONE
		<i>1200</i>	<i>12</i>	<i>1/4</i>					START DESP
		<i>1250</i>	<i>13</i>	<i>1/4</i>					SLOW RATE
		<i>1250</i>	<i>13 1/4</i>	<i>1/4</i>					SDP - WASH UP TRUCK
		<i>1300</i>	<i>13 1/2</i>	<i>1/4</i>					PUMP 1/4 bbl - STOP
									PUMP 1/4 bbl - STOP
<i>1130</i>									RELEASE - FLOW BACK 1 bbl
<i>1130</i>		<i>1350</i>		<i>1/4</i>					PUMP 1 bbl BACK
<i>1200</i>									RELEASE - FLOW BACK 1/2 bbl
<i>1200</i>		<i>1400</i>		<i>1/4</i>					PUMP 1/2 bbl BACK
<i>1300</i>									RELEASE - HOLD
<i>1305</i>	<i>1200</i>	<i>1500</i>	<i>0</i>						TRY REVERSE OUT - NO GO

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

330 JOB COMPLETE White - Accounting • Canary - Customer • Pink - Field Office THANKS - KEVIN Printing, Inc.

