

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9394
Name: D-Oil, Inc.
Address: 402 Main P.O. Box 259
City/State/Zip: Victoria, Ks. 67671
Purchaser: _____
Operator Contact Person: Alfred J. Dreiling
Phone: (785) 735-9225
Contractor: Name: Landmark Drilling, LLC
License: 33549
Wellsite Geologist: Jerry Green

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. _____

7-6-06	7-10-06	7-10-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25549-00-00
County: Ellis
SE NW NE Sec. 32 Twp. 13 S. R. 16 East West
900 feet from S N (circle one) Line of Section
1430 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Dinkel Well #: 2
Field Name: Herzog
Producing Formation: _____
Elevation: Ground: 1936 Kelly Bushing: 1943
Total Depth: 3493 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 227 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) Alt II with 1-25-08
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: _____
Title: President Date: 8-9-06

Subscribed and sworn to before me this 10th day of AUGUST

20 06
Notary Public: Paul Lang

Date Commission Expires: DECEMBER 16, 2006



KCC Office Use ONLY

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

RECEIVED
AUG 11 2006
KCC WICHITA

Operator Name: D-Oil, Inc. Lease Name: Dinkel Well #: 2
 Sec. 32 Twp. 13 S. R. 16 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><input checked="" type="checkbox"/> Log</td> <td style="width:40%;">Formation (Top), Depth and Datum</td> <td style="width:30%;"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Topeka</td> <td>2935</td> <td>992</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Topeka	2935	992
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample								
Name	Top	Datum								
Topeka	2935	992								

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	20	215	60-40 Poz	215	6% Gel

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 <i>(Amount and Kind of Material Used)</i>	Depth

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

METHOD OF COMPLETION

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

Production Interval

RECEIVED

AUG 11 2006

KCC WICHITA

ALLIED CEMENTING CO., INC. 25181

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

SERVICE POINT: Russell

DATE <u>7-10-06</u>	SEC <u>32</u>	TWP. <u>13</u>	RANGE <u>16</u>	CALLED OUT <u>At 3:00 PM</u>	ON LOCATION	JOB START <u>6:15 PM</u>	JOB FINISH <u>9:15 PM</u>
LEASE <u>Dinkel</u>		WELL# <u>2</u>		LOCATION <u>Victoria #7-70</u>		COUNTY <u>Ellis</u>	STATE <u>K</u>
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Landmark

TYPE OF JOB Plug

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED _____

215 pk 6 3/4" 1/2 F10
67064

COMMON	<u>129</u>	@	<u>10.65</u>	<u>1373.85</u>
POZMIX	<u>86</u>	@	<u>5.80</u>	<u>498.80</u>
GEL	<u>11</u>	@	<u>16.65</u>	<u>183.15</u>
CHLORIDE		@		
ASC		@		
Flo Seal	<u>54#</u>	@	<u>2.00</u>	<u>108.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>226</u>	@	<u>1.90</u>	<u>429.40</u>
MILEAGE	<u>84 /sk/ m. l. E</u>			<u>289.28</u>
				TOTAL <u>2882.48</u>

EQUIPMENT

PUMP TRUCK # 398 CEMENTER Bill
HELPER GARY

BULK TRUCK # _____ DRIVER Brian

BULK TRUCK # _____ DRIVER _____

REMARKS:

1st plug c 3460 w/ 25 pk
2nd plug c 1060 w/ 25 pk
3rd plug c 270 w/ 40 pk
4th plug c 40 w/ 10 pk
1 sk RV
3rd plug c 600 w/ 100 pk

SERVICE

DEPTH OF JOB _____			
PUMP TRUCK CHARGE _____			<u>955.00</u>
EXTRA FOOTAGE _____	@		
MILEAGE <u>16</u>	@	<u>5.00</u>	<u>80.00</u>
MANIFOLD _____	@		
	@		
	@		
	@		
			TOTAL <u>1035.00</u>

CHARGE TO: D. Oil Co.

STREET 402 Main P.O. Box 259

CITY Victoria STATE Ks ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1-8 1/2 wood</u>	@	<u>35.00</u>
	@	
	@	
	@	
	@	
		TOTAL <u>35.00</u>

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 [Signature]

PRINTED NAME _____

[REDACTED] CEMENTING CO., INC. 25595

SERVICE POINT: 2

AS 67665

7-6-06

	SEC. <u>32</u>	TWP. <u>13</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION <u>9:15 PM</u>	JOB START <u>10:15 PM</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>DINKEL</u>	WELL # <u>Z</u>	LOCATION <u>VICTORIA E I-70 1/2 N</u>			COUNTY <u>ELLIS</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <input checked="" type="radio"/> OLD		<u>1 1/2 E 51N</u>					

CONTRACTOR Landmark

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 227

CASING SIZE 8 5/8 DEPTH 227

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 1/2 38L

OWNER _____

CEMENT

AMOUNT ORDERED 150 COM 3 F 2

COMMON	<u>150</u>	@	<u>1065</u>	<u>159750</u>
POZMIX		@		
GEL	<u>2</u>	@	<u>165</u>	<u>3300</u>
CHLORIDE	<u>5</u>	@	<u>4600</u>	<u>23000</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER MARK

366 HELPER JODY

BULK TRUCK

310 DRIVER BRENN

BULK TRUCK

_____ DRIVER _____

HANDLING	<u>158</u>	@	<u>190</u>	<u>30020</u>
MILEAGE	<u>8 1/2</u>	@	<u>500</u>	<u>24000</u>
				TOTAL <u>240400</u>

REMARKS:

CEMENT CIRC

THANKS

CHARGE TO: D-OIL

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 81500

EXTRA FOOTAGE _____ @ _____

MILEAGE 15 @ 500 7500

MANIFOLD _____ @ _____

TOTAL 89000

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>	<u>WOOD</u>	@	<u>6000</u>
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
TOTAL <u>6000</u>			

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE J. Hoerner

PRINTED NAME _____