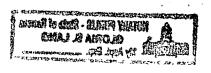
Form ACO-1 September 1999 Form Must Be Typed

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5252	API No. 15 - 051-25, 280-00-00
Name: R.P. NIXON OPERATIONS, INC.	County: Ellis
Address: 207 West 12th RECEIVED	55 S & 80 E of S NE Sec. 24 Twp. 13 S. R. 19W East West
Have KS 67601	3575 feet from (S) (circle one) Line of Section
Purchaser:	1900 feet from (E) (circle one) Line of Section
Operator Contact Person: Dan Nixon KCC WICHITA	Footages Calculated from Nearest Outside Section Corner:
Phone: (785) 628–3834	(circle one) NE (SE) NW SW
Contractor: Name: Discovery Drilling Co., Inc.	Lease Name: Jacobs Well #: 5
License: 31548	Field Name: Gatschet SE
Wellsite Geologist: Dan Nixon	Producing Formation: None
Designate Type of Completion:	Elevation: Ground: 2054 Kelly Bushing: 2062
X New Well Re-Entry Workover	Total Depth: 3720 Plug Back Total Depth:
Oil SWD SIOW Temp. Abd.	Amount of Surface Pipe Set and Cemented at 225.24 Feet
Gas ENHR SIGW	Multiple Stage Cementing Collar Used?
X Dry Other (Core, WSW, Expl., Cathodic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from
Operator:	feet depth tosx cmt.
Well Name:	0.0 1/10 2/13/
Original Comp. Date: Original Total Depth:	Orilling Fluid Management Plan (Data must be collected from the Reserve Pit) 12,000
Deepening Re-perf Conv. to Enir./SWD	Chloride content 12,000 ppm Fluid volume 320 bbls
Plug BackPlug Back Total Depth	Dewatering method used Haul free fluid
Commingled Docket No	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	•
Other (SWD or Enhr.?) Docket No	Operator Name: R.P. NIXON OPERATIONS, INC.
4 (-	Lease Name: Fee "B" # 1 SWD License No.: 5252
Soud Date or Date Reached TD Completion Date or	Quarter NE/4 Sec. 24 Twp. 13 S. R. 19W East XWest
Recompletion Date Recompletion Date	County: Ellis Docket No.: D27821
Kansas 67202, within 120 days of the spud date, recompletion, worker	th the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, ver or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. 12 months if requested in writing and submitted with the form (see rule 82-3-s and geologist well report shall be attached with this form. ALL CEMENTING s. Submit CP-111 form with all temporarily abandoned wells.
All requirements of the statutes, rules and regulations promulgated to regularing are complete and correct to the best of my knowledge.	late the oil and gas industry have been fully complied with and the statements
	KCC Office Use ONLY
Signature: Nally	
Tille: President Date: 8.17,04	Letter of Confidentiality Attached
Subscribed and sworn to before me this 17th day of August	If Denied, Yes Date:
•	Witemio Log Habarton
18 2004 A. A.	Geologist Report Received
Notary Public: Dioris Brang	UIC Distribution
Date Commission Expires: 3: /2:2005	

perator Name: R.P.	. NIXON OPI	ERATIO	NS, INC.	Leas	e Name:	Jacobs		_ Well #;	5	9
ec. 24 Twp. 13	_s. R. <u>19</u> W	East				Ellis				
STRUCTIONS: Show sted, time tool open ar mperature, fluid recove ectric Wireline Logs su	nd closed, flowing ery, and flow rates	and shut- if gas to	in pressures, v surface test, ak	vhether : ong with	shut-In pres	sure reached s	tatic level, hydro	static pressur	es, bottom h	ole
rilli Stem Tests Taken X Yes No (Attach Additional Sheets)			X Log	j Formatio	Sample					
amples Sent to Geolog	,			Name Top				Datum		
	icai Sui vey				Anhy	drite		1336'	+726	
ores Taken ectric Log Run		☐ Ye [X] Ye			Anhy	drite ba	se	1379'	+683	
(Submit Copy)		E7) 10	a		Торе			3080'	-1018	
		TT T			Heel			3323'	-1261	
st All E. Logs Run: R	AG log by	ELL Wi	ireline		Toro			3342'	-1280	1
•					L/K			3376'	-1314	
					Base			3583'	-1521	
					1 -	g. Chert ary Total	Donth	3660 ' 3720 '	-1598 -1658	
and the state of t	mara, ar december 1000000000000000000000000000000000000				١.		Depth	3/20	-1036	37.
		Pana	CASING I ort all strings set-c			Used Ded	ion etc			
Purpose of String	Size Hole		e Casing	W	/eight	Setting	Type of	# Sacjs	Type and	
	Drilled		(In O.D.)		s. / Ft.	Depth	Cement	Used	Additives	
Surface Pipe	121/4	8	5/8	2	80	225.24	Common	150	2%Gel8	138CC
···		······································	ADDITIONAL	CEMEN	TING / SQUI	EZE RECORD				<u></u>
Purpose:	Depth Top Bottom	Туре	of Cement	#Sacks Used		Type and Percent Additives				1
Perforate	10p Bottom									
Plug Back TD										
Plug Off Zone										1
			D. Bridge Dive	- C-1/T-		Acid Erne	cture, Shot, Cemer	t Sauseze Roco	rd	
Shots Per Foot			tD - Bridge Plug Each Interval Perl		00		nount and Kind of M			Depth
									•	
		· · · · · · · · · · · · · · · · · · ·								
	•									
										1
										<u> </u>
TUBING RECORD	Size	Set At		Packe	r At	Liner Run	Yes No)		ij ,
Date of First, Resumerd P	roduction. SWD or E	nhr.	Producing Met	hod	L					
Jale of Filot, Flesumera	TOUBLING TO STEE				Flowing	Pumpli	ng 🔲 Gas L	in Oth	ner (Explain)	i
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	В	bls.	Gas-Oil Ratio		Gravity
Disposition of Gas	METHOD OF (OMPLETION	N		1,	Production Inter	val			ı
Vented Sold	Used on Lease		Open Hole	F	Perf. D	ually Comp.	Commingled			:
(If vented, Subm	nit ACO-18.)		Other (Spec	:lfy)			<u></u>			



ALLIED CEMENTING CO., INC.

REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT:

PRINTED NAME

TWP. RANGE CALLED OUT ON LOCATION STATE COUNTY LEASE JOLG OLD OR NEW (Circle one) CONTRACTOR **OWNER** TYPE OF JOB 777 CEMENT **HOLE SIZE CASING SIZE** DEPTH **TUBING SIZE DEPTH** DRILL PIPE DEPTH TOOL DEPTH PRES. MAX **MINIMUM** COMMON SHOE JOINT **POZMIX** MEAS. LINE CEMENT LEFT IN CSG GEL PERFS. **CHLORIDE** DISPLACEMENT ASC @ **EQUIPMENT** @ RECEIVED @ PUMP TRÜCK CEMENTER @ HELPER AUG 1 8 2004 **BULK TRUCK** @ DRIVER @ **BULK TRUCK** @ DRIVER HANDLING @ MILEAGE. REMARKS: **TOTAL SERVICE DEPTH OF JOB** PUMP TRUCK CHARGE **EXTRA FOOTAGE** 10 Mouse MILEAGE @ @ @ CHARGE TO: R. P. NIXON OPERATION ITAC TOTAL STREET_ _____ STATE ____ _ZIP_ PLUG & FLOAT EQUIPMENT MANIFOLD @ @ 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 TOTAL . done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND TAX_ CONDITIONS" listed on the reverse side. TOTAL CHARGE DISCOUNT IF PAID IN 30 DAYS **SIGNATURE**

ALLIED CEMENTING CO., INC. 17094

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

SERVICE POINT:

RUSS (1)

DATE 6-12-04 SEC. 24 TWP. 13 RANGE 19	CALLED OUT	ON LOCATION 2:15PM	JOB START 3.15cm	JOB FINISH)
LEASE JACOBS WELL# 5 LOCATION HAY'S	EXIT 257	55,14W	COUNTY	STATE
LEASE TACOBS WELL# LOCATION 1/1/3/5	EXIT 257		Ellis	Lavers
OLD OR (Circle one)		V4S		
CONTRACTOR DISCOURRY DALG RIGHT 2	OWNER			
TYPE OF JOB SURFACE				
HOLE SIZE /2 4 T.D. 226	CEMENT	1 = 0		
CASING SIZE 8 5/2 New 23 DEPTH 2 25	AMOUNT ORDI	ERED <u>150</u>	<u>sk</u> co	m.
TUBING SIZE DEPTH DRILL PIPE DEPTH		3%		
TOOL DEPTH		0/5	74 L	
PRES. MAX MINIMUM	COMMON		@	
MEAS. LINE SHOE JOINT				
CEMENT LEFT IN CSG. 15	GEL		_@	
PERFS. DISPLACEMENT 12/2/88L	CHLORIDE			
	ASC			
EQUIPMENT /			-@ @	
PUMPTRUCK CEMENTER Gilean	RECEIVED	1	- @ 	
PUMPTRUCK CEMENTER bylean # 366 HELPER Shane	- COLIVEE			
BULK TRUCK	AUG 1 8 2004		_@	
# 213 DRIVER RUFUS	A00 1 0 2001	<u> </u>	_	
	CC WICHI	ΤΔ	_	
# DRIVER	HANDLING	1/7		
•	MILEAGE			
REMARKS:			TOTAL	
				,
		SERVI	CE	
Cement				
- CORCUMATED	DEPTH OF JOB			
1	PUMP TRUCK C			
	EXTRA FOOTAG			
THANKS	1-8-8 mont			
	7 5 5 5 5 5 5			
001				
CHARGE TO: KI NIXON PERATIONS				
STREET			TOTAL	
CITYSTATEZIP	PI.	UG & FLOAT	EOUIPMEN	т
•			EQUI MEN	•
· ·	MANIFOLD		@	
	MANITOLD			***************************************
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				
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contractor. I have read & understand the "TERMS AND	. TAX			
CONDITIONS" listed on the reverse side.				
	TOTAL CHARGI	E		
	DISCOUNT		IF PAII	O IN 30 DAYS
C_{i}/C_{i}	7	Λ.		
SIGNATURE / MOMICAL L	homas	DLM	•	
, H		PRINTE	D NAME	····