

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 # 03194
Name: Tri United, Inc.
Address: 950 270th Ave
City/State/Zip: Hays, Ks 67601
Purchaser: Plains
Operator Contact Person: Eugene Leiker
Phone: (785) 628-3670
Contractor: Name: W-W Drilling, LLC
License: 33575
Wellsite Geologist: Eugene Leiker

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. _____

9/27/07 10/1/07 10/18/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-25681-0000
County: Ellis
W/2 NE-SE s1/4 NW 35 Twp. 11 S. R. 19 East West
3630 feet from S N (circle one) Line of Section
3140 feet from E W (circle one) Line of Section

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

Field Name: Solomon Southeast
Producing Formation: Arbuckle
Elevation: Ground: 2121 Kelly Bushing: 2126
Total Depth: 3675 Plug Back Total Depth: open Hole
Amount of Surface Pipe Set and Cemented at 206' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1462'
feet depth to Surface w/ 240 sks _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) ADJ IJNWHM
Chloride content 27,000 ppm Fluid volume 400 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: Eugene E Leiker
Title: President Date: 1-10-08
Subscribed and sworn to before me this 10th day of Jan
20 08

Notary Public: Roberta Angell
Date Commission Expires: 10-24-08

ROBERTA ANGELL
NOTARY PUBLIC
STATE OF KANSAS
My Appl. Exp. 10-24-08

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

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 11 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Tri United, Inc. Lease Name: Vine-Sook B Well #: 1
 Sec. 35 Twp. 11 S. R. 19 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, lime 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: Radiation Guard Log

Name	Formation (Top), Depth and Datum	
	Top	Datum
ANH	1459'	667
Top	3122'	996
Heeb	3350'	-1224
Lans	3390'	-1264
Arb	3670'	-1544

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#	206'	Common	160	3% cc 2% gel
Production	7 7/8	4 1/2	10,5#	3672'	ASC	175	2% Gel

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	Surface 1462'	60/40 poz	240sks	6% gel 1/4# flo Seal per sk

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
	Open Hole 3672' to 3675'	natural	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	3662'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
10/18/07		<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.	Gas Mcl	Water Bbls.	Gas-Oil Ratio	Gravity
	25		70		23

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

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CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

25763

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

SERVICE POINT:

API-15-051-25681-0000

Russell

DATE 10-10-07	SEC 35	TWP 11	RANGE 19	CALLED OUT	ON LOCATION	JOB START 5:00PM	JOB FINISH 6:00PM
LEASE Vine Sook	WELL # B-1	LOCATION Hay's N. To Bucky RD.			COUNTY Ellis	STATE Kansas	
OLD OR <u>NEW</u> (Circle one)		4w 4N 1W 1/2 S INTO					

CONTRACTOR
TYPE OF JOB PERF. & Circulate Cement
HOLE SIZE
CASING SIZE 4 1/2 9.50 TD. DEPTH
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS. @ 1462'
DISPLACEMENT 23 1/4 BBL

OWNER
CEMENT (USED 215 SK)
AMOUNT ORDERED 300 SK 60% 60 GEL
1/4# Flo Seal PER SK
50 SK Com.

(USED 2.5 SK)

COMMON	<u>154</u>	@	<u>1140</u>	<u>170940</u>
POZMIX	<u>86</u>	@	<u>620</u>	<u>53320</u>
GEL	<u>11</u>	@	<u>1665</u>	<u>18315</u>
CHLORIDE	<u>1</u>	@	<u>4660</u>	<u>4660</u>
ASC		@		
Flo Seal	<u>54#</u>	@	<u>200</u>	<u>10800</u>
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>366</u>	@	<u>190</u>	<u>69540</u>
MILEAGE	<u>40 Ton Mile</u>	@		<u>131700</u>
TOTAL				<u>459335</u>

EQUIPMENT

PUMP TRUCK CEMENTER GILLEN
398 HELPER GARY
BULK TRUCK
362 DRIVER Doug
BULK TRUCK
345 DRIVER CHRIS H.

REMARKS:

PERF @ 1462', 4 1/2 SWAGE - Load
CSG. & Received Very Good Circulation
MIXED 215 SK 60/40 & 2.5 SK
Com. Displaced 23 1/4 BBL & Shut
IN @ 400#. Cement DID
CIRCULATE AROUND ANNULAS.
THANK'S

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>95500</u>
EXTRA FOOTAGE		@	
MILEAGE <u>40</u>		@	<u>600</u> <u>24000</u>
MANIFOLD		@	
		@	
		@	

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TOTAL 119500

JAN 11 2008

CONSERVATION DISTRICT
WICHITA, KS

CHARGE TO: TRI-UNITED
STREET _____
CITY _____ STATE _____ ZIP _____
STATE Rep. (KCC) ON Location.
Pat STABB (Cement Circulated)

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.

SIGNATURE Eugene E Cochran

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME