

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 6194
Name: ESP Development, Inc.
Address: 17746 177th. Boulevard
City/State/Zip: Paradise, Kansas 67658
Purchaser: NCRA
Operator Contact Person: Bud Eulert
Phone: (785) 998-4413
Contractor: Name: Vonfeldt Drilling, Inc.
License: 9431
Wellsite Geologist: Randy Kilian
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. _____

<u>11-27-2004</u>	<u>12-3-2004</u>	<u>12-3-2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

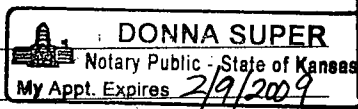
API No. 15 - 167-23272-00-00
County: Russell
165' S + 150' W
S12 N12 SW Sec. 22 Twp. 11 S. R. 15 East West
1485 feet from (S) N (circle one) Line of Section
4110 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Eulert Ranch C Well #: 5
Field Name: Hagaman North
Producing Formation: _____
Elevation: Ground: 1834' Kelly Bushing: 1839'
Total Depth: 3375 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 906 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 *Alt II RR 3/4/08*
(Data must be collected from the Reserve Pit)
Chloride content 62000 ppm Fluid volume 400 bbls
Dewatering method used Allow to dry and backfill
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: Bud Eulert
Title: PRESIDENT Date: 2-14-05
Subscribed and sworn to before me this 14 day of February,
2005.
Notary Public: Donna Super
Date Commission Expires: 2/9/2009


DONNA SUPER
Notary Public - State of Kansas
My Appt. Expires 2/9/2009

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
FEB 16 2005

KCC WICHITA

Operator Name: ESP Development, Inc. Lease Name: Eulert Ranch C Well #: 5
 Sec. 22 Twp. 11 S. R. 15 East West County: Russell

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 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: <u>Dual Induction Log</u> <u>Compensated Density/Neutron Log</u> <u>Micro Log</u> <u>Dual Receiver Cement Bond Log</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>912'</td> <td>+927</td> </tr> <tr> <td>Base</td> <td>947'</td> <td>+892</td> </tr> <tr> <td>Topeka</td> <td>2676'</td> <td>-837</td> </tr> <tr> <td>Heeb. Shale</td> <td>2928'</td> <td>-1089</td> </tr> <tr> <td>Toronto</td> <td>2948'</td> <td>-1109</td> </tr> <tr> <td>Lansing</td> <td>2979'</td> <td>-1140</td> </tr> <tr> <td>Base Kc.</td> <td>3236'</td> <td>-1397</td> </tr> <tr> <td>Arbuckle</td> <td>3299'</td> <td>-1460</td> </tr> <tr> <td>TD</td> <td>3376'</td> <td>-1537</td> </tr> </table>	Name	Top	Datum	Anhydrite	912'	+927	Base	947'	+892	Topeka	2676'	-837	Heeb. Shale	2928'	-1089	Toronto	2948'	-1109	Lansing	2979'	-1140	Base Kc.	3236'	-1397	Arbuckle	3299'	-1460	TD	3376'	-1537
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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"	23# new	906'	60/40 POZ	400 sx	2% gel 2% CC
Production	7 7/8"	5 1/2"	14# used	3374'	ASC	175 sx	2% gel 500 gal WFR/2

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	2768' to 3228'	Standard GMI	175 sx	2% CC

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>	
		Amount	Depth
2 SPF	ARB-3302-16'	1000 gal 15% NE	3302' to 3316'
2 SPF	LKC 3168-72'	1000 gal 15% NE	3168- 3172
2 SPF	LKC 3078-81'	750 Gal 15% NE	3078- 3081
2 SPF	LKC 3007-10'	750 gal 15% NE	3007- 3010
2 SPF	Topeka 2709-14'	1000 gal 15% NE MDO	2709- 2714'

TUBING RECORD		Size	Set At	Packer At	Liner Run
2 3/8 8rd EUE			3336'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
12-28-04			<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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	32 BOPD	0	29		38

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other (Specify) _____

DRILLERS WELL LOG

Date Commenced: November 27, 2004
Date Completed: December 3, 2004

ESP Development, Inc.
Eulert Ranch C #5
165'S & 150'W S/2 N/2 SW
Section 22-11S-15W
Russell County, Kansas

Elevation: 1834' G.L.
1839' K.B.

0 - 2242' Sand & Shale
2242 - 2427' Shale & Lime
2427 - 2829' Sand & Shale
2829 - 3015' Lime & Shale
3015 - 3170' Sand & Shale
3170 - 3375' Lime & Shale
3375' R.T.D.

FORMATION DATA

RECEIVED
FEB 16 2005
KCC WICHITA

Surface Pipe: Set 23#, new, 8 5/8"
casing @ 906' with 400 sacks 60/40
Poz., 3% Gel., 2% CC.

Production Pipe: Set 14#, used,
5 1/2" casing @ 3374' with 175 sacks
ASC, 2% Gel., 500 gallon WFR/2.

AFFIDAVIT

STATE OF KANSAS)
) ss:
COUNTY OF RUSSELL)

Alan Vonfeldt of lawful age, does swear and state that the facts and statements
herein are true and correct to the best of his knowledge.

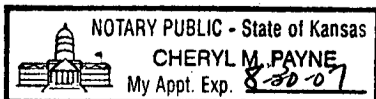
Alan Vonfeldt
Alan Vonfeldt

Subscribed and sworn to before me this 10th day of December, 2004.

My Commission Expires:

August 30, 2007

Cheryl M. Payne
Cheryl M. Payne, Notary Public



ALLIED CEMENTING CO., INC. 18824

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

SERVICE POINT:

Russell

DATE <u>12-3-04</u>	SEC. <u>22</u>	TWP. <u>11</u>	RANGE <u>15</u>	CALLED OUT <u>noon</u>	ON LOCATION <u>1:00pm</u>	JOB START	JOB FINISH <u>4:45pm</u>
LEASE <u>Fulton Ranch</u>		WELL # <u>C-5</u>		LOCATION <u>Gorham 1E 12N 2NE 2E</u>		COUNTY <u>Russell</u>	STATE <u>Ka</u>
OLD OR NEW (Circle one)							

CONTRACTOR Wanfaldt Drlg

TYPE OF JOB Prod Csg.

HOLE SIZE 7 7/8 T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 82 bbls

OWNER _____

CEMENT AMOUNT ORDERED _____

175 lb Asc 2% Gel

500 gal WFR²

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER B. H

306 HELPER Glen

BULK TRUCK DRIVER Rufus

_____ DRIVER _____

RECEIVED

FEB 16 2005

KCC WICHITA

HANDLING _____ @ _____

MILEAGE _____ @ _____

REMARKS: _____

Pipe pt c 3374

Shoe pt 15.5

Inset c 3358.5

Pump 500 gal Flush, Follow w/ 150 lb. Cont

Pump plug w/ 82 bbls c + water

Land plug c 1200 PST. Fatten Float did hold

15 cdk RH

10. abn MH

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

Rotating Head _____ @ _____

CHARGE TO: FSP Development

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

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.

6-Centrolizers _____ @ _____

1-Inset _____ @ _____

1-Guide shoe _____ @ _____

5 1/2 Rubber plug _____ @ _____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____

ALLIED CEMENTING CO., INC. 18739

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

SERVICE POINT: Russell

DATE <u>11-28-04</u>	SEC. <u>22</u>	TWP. <u>11</u>	RANGE <u>15</u>	CALLED OUT <u>2:00 PM</u>	ON LOCATION <u>3:00 PM</u>	JOB START	JOB FINISH <u>4:30 PM</u>
LEASE <u>Exec + Reg</u>		WELL # <u>C-5</u>		LOCATION <u>Gochran 1E11N 2EN</u>		COUNTY <u>RUSSELL</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Von Feldt

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 901

CASING SIZE 8 1/2 DEPTH 906

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 56 1/2

OWNER _____

CEMENT AMOUNT ORDERED 400 lbs 60/40 3-2

EQUIPMENT

PUMP TRUCK # 345 CEMENTER Bill HELPER Steve

BULK TRUCK # _____ DRIVER Craig

BULK TRUCK # _____ DRIVER _____

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
ASC	@	_____
RECEIVED		
FEB 16 2005		
KCC WICHITA		
_____ @ _____		
_____ @ _____		
_____ @ _____		
_____ @ _____		
HANDLING _____ @ _____		
MILEAGE _____ @ _____		

REMARKS:

Ran 1/2 of 8 1/2 rate 906

Cement w/ 400 lbs 60/40 3-2

pump plug w/ 56 1/2 bbls of water

Cement dil Circ

TOTAL _____

SERVICE _____

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

1-88 Rubber @ _____

CHARGE TO: FSP Development

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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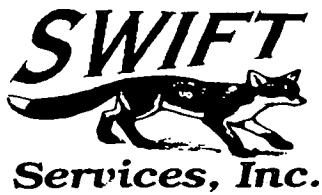
TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Wong Buntz

PRINTED NAME _____



CHARGE TO: *ESP Development*

ADDRESS

CITY, STATE, ZIP CODE

TICKET
No 7484

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>HAYS KS</i>	WELL/PROJECT NO. <i>C#5</i>	LEASE <i>Eulent Ranch</i>	COUNTY/PARISH <i>Russell</i>	STATE <i>Ks</i>	CITY	DATE <i>12-22-04</i>	OWNER
2. <i>NESS CITY KS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Western Well Serv.</i>	SHIPPED VIA <i>ST</i>	DELIVERED TO <i>E. Fairport KS</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>Squeeze Parts</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
<i>575</i>		<i>1</i>			<i>MILEAGE #125</i>	<i>40</i>	<i>mi</i>			<i>3.00</i>	<i>120</i>	<i>00</i>
<i>578</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>sq</i>	<i>2788</i>	<i>ft</i>	<i>12.50</i>	<i>1250</i>	<i>00</i>
<i>283</i>		<i>1</i>			<i>2040 Sand</i>	<i>2</i>	<i>sq</i>			<i>12.00</i>	<i>24</i>	<i>00</i>
<i>325</i>		<i>2</i>			<i>Stand & CMT</i>	<i>175</i>	<i>sq</i>			<i>7.50</i>	<i>1312</i>	<i>50</i>
<i>273</i>		<i>2</i>			<i>Calum Charolde 2%</i>	<i>3</i>	<i>sq</i>			<i>25.00</i>	<i>75</i>	<i>00</i>
<i>581</i>		<i>2</i>			<i>Service Charge CMT</i>	<i>175</i>	<i>sq</i>			<i>1.10</i>	<i>192</i>	<i>50</i>
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>3343</i>	<i>tm</i>			<i>90</i>	<i>300</i>	<i>87</i>

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *Anna W. [Signature]*
DATE SIGNED *12-22-04* TIME SIGNED *0810* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<i>3274 87</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				<i>4062 37</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX <i>74 81</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL <i>3349 68</i>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Davelsh* APPROVAL

Thank You!