

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 # 30128 **RECEIVED**
Name: KENNETH S. WHITE
Address: 2400 N. Woodlawn, Suite 115 **JUL 28 2004**
City/State/Zip: Wichita KS 67220 **KCC WICHITA**
Purchaser: _____
Operator Contact Person: Kenneth S. White
Phone: (316) 682-6300
Contractor: Name: Murfin Drilling Company, Inc.
License: 30606
Wellsite Geologist: Tom Robinson
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. _____
7/8/04 7/17/04 7.18.04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

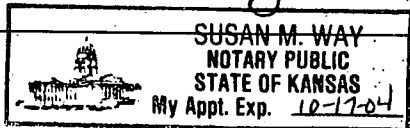
API No. 15 - 187-21041-0000
County: Stanton
NE-NE-NE Sec. 34 Twp. 29 S. R. 41 East West
100 feet from S / (N) (circle one) Line of Section
330 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Black Stone "B" Well #: 2
Field Name: Arroyo
Producing Formation: _____
Elevation: Ground: 3370 Kelly Bushing: 3381
Total Depth: 5510 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1665 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)* P+ A KQR 2/12/08
Chloride content 700 ppm Fluid volume 1700 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: Kenneth S. White
Title: Operator Date: 7/27/04
Subscribed and sworn to before me this 27th day of July
2004
Notary Public: Susan M. Way
Date Commission Expires: _____



KCC Office Use ONLY

No Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: KENNETH S. WHITE Lease Name: Black Stone "B" Well #: 2
 Sec. 34 Twp. 29 S. R. 41 East West County: Stanton

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:

Compensated Density/Neutron
 Dual Induction
 Micro Log
 Sonic Log

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Log Formation (Top), Depth and Datum		Sample
Name	Top	Datum
Atoka Shale	4831	-1450
Morrow Shale	4967	-1586
Lower Morrow Marker	5306	-1925
Keyes Sand	5440	-2059
Mississippi	5457	-2076

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"	24	1665	MidCon 2	380	3% CC, .1% FWCA, 1/4# Flocele
					Prem Plus	150	2% CC, 1/4# Flocele

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift 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, Sumit ACO-18.)

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

Production Interval Other (Specify) _____

ATTACHED TO AND MADE A PART OF
ACO-1 FORM for
KENNETH S. WHITE
#2 BLACK STONE "B"
100' FNL and 330' FEL
Section 34-29S-41W
Stanton County, Kansas
API# 15-187-21041-0000

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DST #1 5440' - 5455'
Misrun- Packer Failure

ALLIED CEMENTING CO., INC. 13889

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

well file

SERVICE POINT: Oakley

DATE <u>7-18-04</u>	SEC <u>34</u>	TWP. <u>29S</u>	RANGE <u>4W</u>	CALLED OUT	ON LOCATION <u>7:30 AM</u>	JOB START <u>10:00 AM</u>	JOB FINISH <u>11:30 AM</u>
LEASE <u>Blackstone B</u>	WELL # <u>2</u>	LOCATION <u>Johnson 6S 1W 5/8</u>			COUNTY <u>Stanton</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="checkbox"/> NEW (Circle one)							

CONTRACTOR <u>Muffig Drig Big 22</u>	OWNER <u>Some</u>
TYPE OF JOB <u>P712</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>5310'</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH <u>1700'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT	
PUMP TRUCK CEMENTER <u>Dean</u>	
# <u>191</u> HELPER <u>Wayne</u>	
BULK TRUCK	
# <u>377</u> DRIVER <u>Lonnie</u>	
BULK TRUCK	
#	DRIVER

	CEMENT
	AMOUNT ORDERED
	<u>225 SKS 60/40 P82 - Pabst VIT PD</u>
	COMMON <u>75 SKS @ 8.85</u> <u>663.75</u>
	POZMIX <u>50 SKS @ 4.00</u> <u>200.00</u>
	GEL <u>6 SKS @ 11.00</u> <u>66.00</u>
	CHLORIDE @
	@
	<u>P10 Seal 31# @ 1.40</u> <u>43.40</u>
	@
	@
	@
	HANDLING <u>131 SKS @ 1.25</u> <u>163.75</u>
	MILEAGE <u>54 SK/mile</u> <u>327.50</u>
	TOTAL 1464.40 <u>1464.40</u>

REMARKS:

1st Plug 1700' w/50 SKS
2nd Plug 600' w/40 SKS
3rd Plug 40' w/10 SKS
10 SKS in Mouse Hole
15 SKS in Rat Hole
Thank you

SERVICE

DEPTH OF JOB 1700'
PUMP TRUCK CHARGE 520.00
EXTRA FOOTAGE @
MILEAGE 50 miles @ 4.00 200.00
PLUG @
@
@
TOTAL 720.00

CHARGE TO: Kenneth White
STREET _____
CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

RECEIVED

JUL 28 2004

KCC WICHITA

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 Kelly Wilson

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

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 3172831	TICKET DATE 07/09/04
BDA / STATE MC/Ks	COUNTY STANTON
PSL DEPARTMENT Cement	CUSTOMER REP / PHONE KELLY WILSON 785-443-1630
SAP BOMB NUMBER 7521	Cement Surface Casing
HES FACILITY (CLOSEST TO WELL SITE) LIBERAL,KS.	

REGION Central Operations	NWA / COUNTRY Mid Contintnt/USA
MSU ID / EML # MCL / IO104	H.E.S. EMPLOYEE NAME JOHN WOODROW
LOCATION LIBERAL	COMPANY KENNETH S. WHITE
TICKET AMOUNT \$17,465.52	WELL TYPE 01 Oil
WELL LOCATION JOHNSON,KS.	DEPARTMENT CEMENT
LEASE NAME BLACKSTONE	Well No. SEC / TWP / RNG B-2 34 - 29S - 41W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR
Woodrow, J 105848	5.0	Berumen, E 467604	2.0				
Oliphant, C 243055	5.0	Wiltshire, M 195811	2.0				

H.E.S. UNIT #3 / (R / T MILES)	R / T MILES	H.E.S. UNIT #3 / (R / T MILES)	R / T MILES
10415641	100	10244148 / 10286731	50
10589601	100	10010752 / 10011590	50

Form Name: _____ Type: _____
 Form Thickness: _____ From: _____ To: _____
 Packer Type: _____ Set At: _____
 Bottom Hole Temp: _____ Pressure: _____
 Retainer Depth: _____ Total Depth: _____

Date	Called Out	On Location	Job Started	Job Completed
	7/9/2004	7/9/2004	7/9/2004	7/9/2004
Time	1600	1930	2201	2330

Type and Size	Qty	Make
Float Collar INSERT 8 5/8	1	H
Float Shoe		
Centralizers REG 8 5/8	3	A
Top Plug 5-W 8 5/8	1	
HEAD Q/L 8 5/8	1	L
Limit clamp		
Weld-A		C
Guide Shoe REG 8 5/8	1	
BTM PLUG		O

Well Data	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New/Used	24#	8 5/8		KB	1,664	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials	Density	Lb/Gal
Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	In
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location	Operating Hours	Description of Job
Date: 7/9	Hours: 5.0	Cement Surface Casing
Date: 7/9	Hours: 2.0	
Total	5.0	2.0

Ordered	Avail.	Used
Treating	Average Rates in BPM	Overall
	Disp	
Feet 44	Cement Left in Pipe	Reason
		SHOE JOINT

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq	Yield	Lbs/Gal
1	380	MIDCON/PP		3% CC - 1% FWCA - 1/4# FLOCELE	17.97	2.93	11.40
2	150	PREM PLUS		2% CC - 1/4# FLOCELE	6:30	1:34	14:80
3							
4							

Summary			
Circulating Breakdown	Displacement	Preflush: BBI	Type:
Lost Returns-y	MAXIMUM	Load & Bkdn: Gal - BBI	Pad: Bbl - Gal
Cmt Rtm#Bbl	Actual TOC	Excess /Return BBI	Calc. Disp Bbl
Average	Frac. Gradient	Calc. TOC:	Actual Disp.
Shut In: Instant	5 Min. 15 Min.	Treatment: Gal - BBI	Disp: Bbl
		Cement Slurry BBI	103
		Total Volume BBI	103.00
			233.0
			336.00

Frac Ring #1: _____ Frac Ring #2: _____ Frac Ring #3: _____ Frac Ring #4: _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE Kelly Wilson SIGNATURE