

**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 # 32210
 Name: Thunder Oil & Gas, LLC
 Address: P.O. Box 1788
 City/State/Zip: Ardmore, OK 73402
 Purchaser: SemCrude
 Operator Contact Person: Harry A. Spring
 Phone: (580) 226-3800
 Contractor: Name: American Eagle Drilling, LLC
 License: 33493
 Wellsite Geologist: Mike Davignon
 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. _____

<u>2-08-06</u>	<u>2-17-06</u>	<u>3-13-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25496-60-00
 County: Ellis
 SW NESW NE NE Sec. 3 Twp. 11 S. R. 20 East West
1910 feet from S / (circle one) Line of Section
1725 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Love Well #: 1
 Field Name: Wildcat
 Producing Formation: Lansing/Kansas City
 Elevation: Ground: 2077 Kelly Bushing: 2082
 Total Depth: 3686 Plug Back Total Depth: 3686
 Amount of Surface Pipe Set and Cemented at 221 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1534 Feet
 If Alternate II completion, cement circulated from 1534
 feet depth to surface w/ 285 ^{sq cmt.}
Alt 2-Dlg - 3/20/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content 5000 ppm Fluid volume 1000 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: _____
 Title: Manager Date: 1/29/07
 Subscribed and sworn to before me this 29 day of January
 2007
 Notary Public: _____
 Date Commission Expires: 2-14-09

KCC Office Use ONLY

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

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WICHITA, KS**

Operator Name: Harry A. Spring Lease Name: Love Well #: 1
 Sec. 3 Twp. 11 S. R. 20 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 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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Anhydrite 1506
 Topeka 3123
 Heebner 3333
 Lansing/Kansas City 3372
 Arbuckle 3680

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	221	Common	150	3% CC, 2% gel
Production	7 7/8	5 1/2	14	3686	ASC	150	3% CC, 2% 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 (Amount and Kind of Material Used)	Depth
2	3560-62	300 gal MCA	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
		2 7/8"	3660'		
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

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Russell, KS
785-483-2627

P.O. Box 31
Russell, Kansas 67665
785-483-2627

Medicine Lodge
620-886-5926

48-0727860

Ticket #

Date	3/7/06	PO#		Location	
Owner	Blake Exploration	Lease	Love	Well #	1
Station	Russell	County	EL	State	KS
		Section		Range	
		Township		Formation	LKC
				Contractor	MurFin

WELL DATA				PERFORATIONS	TREATMENT	INFO:
SIZE	WEIGHT	DEPTH	VOLUME	SHOTS FT.	Max. Pressure	To: Allied Cementing Company, Inc. (ACID)
TUBING	2 7/8		3531	20.5	From 3560 to 62	400 #
CASING	5 1/2				From to	Min. Pressure 150 #
OPEN HOLE					From to	Avg. Inj. Rate .75 bpm
PKR					From to	Avg. TrT Pressure 200 #
FBPB	RBP		3603		From to	Total Fluid Pumped 36.0 Bbls.

TREATMENT LOG

TIME A.M./P.M.	PRESSURE		TOTAL FLUID PUMPED	FLUID IN FORMATION	INDIVIDUAL FLUID PUMPED	INJECTION RATE	EXPLANATION
	TBG	CSG					
8:02			7.5				Start acid to spot, pkr 3569
8:16	30 #					2.5	Restart acid, pkr set 3531
	30 #		13.0			2.5	Acid in, start flush
8:21	Vac		21.0			2.0	Acid on perts
	200 #		22.0	1.0			Loaded, pump & hold
	300 #						Increase & hold
8:24	250 #		22.25	1.25		.25	Zone feeding
	400 #		23.0	2.0		1.0	Break, speed pump
8:28	200 #		25.0	4.0		1.0	Acid clear, start overflush
8:37	175 #		34.0	13.0		1.0	Overflush in, shut down
	150 #		36.0	15.0		1.0	
							ISFP = 50 # / 2 min to vac
							Treat w/ 500 gal. of 20% mca :
							3% Solvent

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 WICHITA, KS

EQUIPMENT AND PERSONNEL		MATERIALS USED	AMOUNT	UNIT PRICE	TOTAL COST
Todd		Pump Truck	1	500.00	500.00
Toby	#405	20% mca	500 gal.	1.85	925.00
		Inhibitor	2 gal.	32.00	64.00
		Solvent	15 gal.	18.00	270.00
		Mileage	26 mi	2.50	65.00
					Sub-Total 1,824.00
					Tax
					Total

- New Producer.....
- Old Producer.....
- Old Producer - New Zones.....
- New SWD or Injection.....
- Old SWD or Injection.....
- Pressure Test.....

Terms: _____ discount will be allowed
 if paid in 30 days from invoice date.

Customer Signature

Customer Print Name

As consideration, the above names (well owner or contractor) agrees to: (a) to pay you in accordance with your current price schedule; (b) Allied Cementing Company, Inc. (ACID) shall not be liable for damage to property of well owner and/or customer unless caused by its willful negligence, this provision applying but not limited to subsurface damage and surface damage arising from subsurface damage. Well owner and/or customer shall be responsible for and secure Allied Cementing Company, Inc. (ACID) against any liability for reservoir loss or damage, or property damage arising from a well blowout, unless such loss or damage is caused by willful negligence of Allied Cementing company, Inc. (ACID). If equipment or instruments of Allied Cementing company, Inc. (ACID) are lost or damaged at the well, well owner and/or customer shall either recover the same or pay for such equipment or instruments unless, however, such loss or damage is caused by the negligence of Allied cementing company, Inc. (ACID); (c) that you make no guarantee of the effectiveness of the materials to be used or the results of treatments; and (d) that you will not be bound by any representation or agreement not herein contained. It is understood you will pay wages (and payroll taxes and withholding thereon) and comply with workman's representation statuses applicable to servicemen you furnish.

ALLIED CEMENTING CO., INC. 25084

Federal Tax I.D.#

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

SERVICE POINT:

Russell

DATE <u>3-2-72</u>	SEC. <u>3</u>	TWP. <u>11</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>9:45am</u>	JOB FINISH <u>10:30am</u>
LEASE <u>Long</u>		WELL # <u>1</u>	LOCATION <u>Ellis N. to Coline 1/2E</u>		COUNTY <u>ELLIS</u>	STATE <u>KANSAS</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> NEW (Circle one)			Sinks				

CONTRACTOR Murkin

TYPE OF JOB Test Collar

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2" DEPTH _____

TUBING SIZE 2 3/4" DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH 1534

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT Used 280SB

AMOUNT ORDERED 350 60/40 686 gal 3/4 Flt

COMMON	<u>162</u>	@	<u>960</u>	<u>1612 00</u>
POZMIX	<u>412</u>	@	<u>520</u>	<u>582 00</u>
GEL	<u>1A</u>	@	<u>500</u>	<u>210 00</u>
CHLORIDE		@		
ASC		@		
<u>Floccal</u>	<u>70#</u>	@	<u>180</u>	<u>126 00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>368</u>	@	<u>170</u>	<u>625 60</u>
MILEAGE	<u>7¢/SK/MILE</u>			<u>1545 60</u>
TOTAL				<u>4702 40</u>

EQUIPMENT

PUMP TRUCK CEMENTER Steve

409 HELPER Allen

BULK TRUCK

362 DRIVER Jody

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pressure casing to 1000 psi Open tool
Mix 280 SB 11 Cmc Cement Close tool
Pressure to 1000 psi Run logs & wash clean

CHARGE TO: Plate Expiration

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE				<u>860 00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>60</u>	@	<u>500</u>	<u>300 00</u>
MANIFOLD		@		
		@		
		@		
TOTAL				<u>1160 00</u>

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
TOTAL _____			

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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 _____

PRINTED NAME _____

RECEIVED MAR - 2 2006

Allied Cementing Co., Inc
P.O. Box 31

Russell, KS 67665

* I N V O I C E *

Invoice Number: 100914

Invoice Date: 02/21/06

Sold Blake Exploration LLC
To: Box 150
Bogue, KS
67625

Cust I.D.....: BlakeE
P.O. Number...: Love #1
P.O. Date.....: 02/21/06

Due Date.: 03/23/06
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Gel	3.00	SKS	15.0000	45.00	T
ASC	150.00	SKS	11.8000	1770.00	T
WFR-2	500.00	GAL	1.0000	500.00	T
Handling	153.00	SKS	1.7000	260.10	E
Mileage	55.00	MILE	10.7100	589.05	E
153 sks @.07 per sk per mi					
Prod. String	1.00	JOB	1450.0000	1450.00	E
Mileage pmp trk	55.00	MILE	5.0000	275.00	E
Packer Shoe	1.00	EACH	1325.0000	1325.00	T
Latch Down	1.00	EACH	350.0000	350.00	T
Port Collar	1.00	EACH	1750.0000	1750.00	T
Centralizers	7.00	EACH	50.0000	350.00	T
Baskets	3.00	EACH	140.0000	420.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 908.41
ONLY if paid within 30 days from Invoice Date

Subtotal: 9084.15
Tax.....: 345.03
Payments: 0.00
Total....: 9429.18

<908.41>
8,520.77

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