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NOV 22 2005

KCC WICHITA

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

Operator: License # 9198
Name: May Oil Co.
Address: 746 Westchester
City/State/Zip: Andover, Ks. 67002
Purchaser: MacLasky Oilfield Services, Inc.
Operator Contact Person: Terry Satterfield
Phone: (316) 641-0418
Contractor: Name: N/A
License: _____

Wellsite Geologist: N/A
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: Terry Satterfield
Well Name: Cameron #4
Original Comp. Date: 10/18/45 Original Total Depth: 2510
____ Deepening _____ Re-perf. Conv. to Enhr./SWD
____ Plug Back _____ Plug Back Total Depth Producer
____ Commingled _____ Docket No. _____
____ Dual Completion _____ Docket No. _____
____ Other (SWD or Enhr.?) _____ Docket No. _____

4/22/05 4/22/05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 015-19540-00-03
County: Butter
NWC SW 1/4 SW 1/4 Sec. 2 Twp. 25 S. R. 5 East West
990 1149 feet from (S) / N (circle one) Line of Section
330 5092 feet from (E) / W (circle one) Line of Section
Footages Calculated from GPS - KCC - TX Nearest Outside Section Corner:
(circle one) NE SE NW (SW)

Lease Name: Cameron Well #: 4
Field Name: EL Dorado
Producing Formation: Viola
Elevation: Ground: 1335' Kelly Bushing: 1340'
Total Depth: 2510' Plug Back Total Depth: 2510'
Amount of Surface Pipe Set and Cemented at 31 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from N/A
feet depth to _____ w/ _____^{sx cmt}

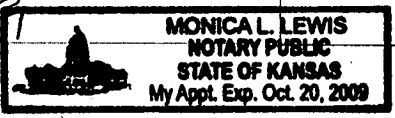
Drilling Fluid Management Plan N/A wo-Dlg-3/20/09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ 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: Terry Satterfield
Title: Owner/Operator Date: 11/21/05
Subscribed and sworn to before me this 21st day of November
2006.
Notary Public: Monica Lewis
Date Commission Expires: 10-20-09

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



Side Two

N/A

Operator Name: MAY oil Lease Name: Cameroon Well #: 4
Sec. 2 Twp. 25 S. R. 5 East West County: Butler

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

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CASING RECORD <input 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
surf		10.250		31			
prod		7.000		2503			

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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

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

Production Interval Other (Specify) _____