

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33258  
 Name: Sabine Operating Services, Inc.  
 Address: 896 N. Mill St. #203  
 City/State/Zip: Lewisville, Texas 75057  
 Purchaser: Plains Oil  
 Operator Contact Person: Eric Oden  
 Phone: (903) 283-1094  
 Contractor: Name: same  
 License: \_\_\_\_\_  
 Wellsite Geologist: Tom Oast  
 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. \_\_\_\_\_  

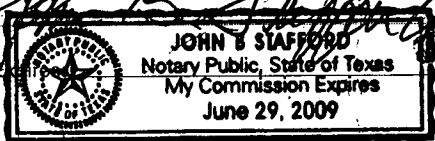
11-22-06	11-27-06	12-15-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26, 768-0000  
 County: Chautaugua  
 NW NE NW NE Sec. 10 Twp. 33 S. R. 13  East  West  
5260' feet from  S / N (circle one) Line of Section  
1830' feet from  E / W (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW SW  
 Lease Name: Ownbey Well #: 2-06  
 Field Name: Frasier/North  
 Producing Formation: Weiser  
 Elevation: Ground: 913 Kelly Bushing: \_\_\_\_\_  
 Total Depth: 1060 Plug Back Total Depth: \_\_\_\_\_  
 Amount of Surface Pipe Set and Cemented at 40' Feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_ Feet  
 If Alternate II completion, cement circulated from 1024  
 feet depth to 0 w/ 120 <sup>sx cmt.</sup>  
Alt 2 - Dig - 3/24/09  
**Drilling Fluid Management Plan**  
 (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: [Signature]  
 Title: President Date: 6-10-07  
 Subscribed and sworn to before me this 10 day of June  
2007  
 Notary Public: [Signature]  
 Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**

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

**RECEIVED**  
 KANSAS CORPORATION COMMISSION  
**JUN 18 2007**

Operator Name: Sabine Operating Services, Inc. Lease Name: Ownbey Well #: 2-06  
 Sec. 10 Twp. 33 S. R. 13  East  West County: Chautaugua

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>CDL/CNLGR, ILD</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Drum</td> <td>656</td> <td>+257</td> </tr> <tr> <td>Redd</td> <td>696</td> <td>+217</td> </tr> <tr> <td>South Mound Shale</td> <td>817</td> <td>+96</td> </tr> <tr> <td>Lenapah</td> <td>850</td> <td>+63</td> </tr> <tr> <td>Wayside</td> <td>874</td> <td>+39</td> </tr> <tr> <td>Altamont</td> <td>937</td> <td>-24</td> </tr> <tr> <td>Weiser</td> <td>966</td> <td>-53</td> </tr> </table>	Name	Top	Datum	Drum	656	+257	Redd	696	+217	South Mound Shale	817	+96	Lenapah	850	+63	Wayside	874	+39	Altamont	937	-24	Weiser	966	-53
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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
Surface	12.25	8.625	24	43	OWC	30	
Casing	6.75	4.50	10.50	1024	PozMix	110	

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
4	968' - 988'	200 Gal. 15% HCL, 4200 gal. water/gel	968

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. TBD		Producing Method <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
TBD	TBD	TBD	TBD	TBD	TBD

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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**RECEIVED**  
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**JUN 18 2007**  
 CONSERVATION DIVISION  
 WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, INC.  
 P.O. BOX 884, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 10983  
 LOCATION Bathesville  
 FOREMAN Tracy Williams

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-22-06	2886	Owney 2-06	10	335	13E	C.O.
CUSTOMER <u>Sabine Operating</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			498	Tim		
CITY			407	John		
STATE			451 TD	Joe		
ZIP CODE						

JOB TYPE Surf HOLE SIZE 12 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 10  
 DISPLACEMENT 2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Broke circulation & ran 30 sks of OWC. Displaced to 30' & shut in.

Circulated cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Casing</u>		620.00
5406	40	MILEAGE		126.00
5408	40	Footage		6.80
5407	min	Ton Mileage		225.00
5501C	3hrs	Transport		894.00
1107A	1sk.	Phenoseal		40.00
1126	30sks	OWC		439.50
			6.3%	SALES TAX ESTIMATED TOTAL
				30.21
				1831.51

# 210735

AUTHORIZATION \_\_\_\_\_

TITLE \_\_\_\_\_

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