

**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 # 32219
Name: Production Maintenance Service
Address: 3922 CR 1250
City/State/Zip: Coffeyville, KS 67337
Purchaser: Energy Quest Management
Operator Contact Person: Mike McClenning
Phone: (620) 988-0042
Contractor: Name: MOKAT
License: 5831
Wellsite Geologist: Mike McClenning

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>9/20/06</u>	<u>9/26/06</u>	<u>10/16/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31198-0000
County: Montgomery
NE4, NE4, NE4, Sec. 32 Twp. 33 S. R. 16 East West
330' 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: McClenning Well #: 32-2
Field Name: Jefferson-Sycamore
Producing Formation: Wier-Pitt coal
Elevation: Ground: 800 Kelly Bushing: _____
Total Depth: 1492 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 1204
feet depth to Surface _____ w/ 140 _____ sx cmt.

Drilling Fluid Management Plan Alt II NH 6-18-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used none
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: Mike McClenning
Title: Owner/Operator Date: 1/27/07
Subscribed and sworn to before me this 29th day of January,
2007.
Notary Public: Regina K Warner
Date Commission Expires: 01-16-09

KCC Office Use ONLY

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

RECEIVED

JAN 30 2007

KCC WICHITA

REGINA K. WARNER
Notary Public - State of Kansas
My Appt. Expires 01-16-09

Operator Name: Production Maintenance Service Lease Name: McClenning Well #: 32-2
 Sec. 32 Twp. 33 S. R. 16 East West County: Montgomery

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)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Wayside	292	+508
Oswego Lime	608	+192
Mississippian	1129	-329

List All E. Logs Run:

DIL,NDL,GR,CB,CCL,VDL

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	11.75"	8 5/8	24	40	portland	12	none
Production	6 3/4"	4.5"	10.5	1204	portland	140	see ticket

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
4spf	856-860	15%hcl	856-60

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	870		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
2-10-07			<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
	0	20	20	0	0

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

TICKET NUMBER 07445
 LOCATION B-ville
 FOREMAN Coop

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-16-06	6236	M. Cleminy #32-2	32	33S	16E	Mont
CUSTOMER <u>Kramer Production</u>			TRUCK #			
MAILING ADDRESS <u>Production Maintenance</u>			DRIVER			
CITY		STATE	ZIP CODE	TRUCK #		
				DRIVER		
				467 Kirk		
				491 Joe		
				420784 Ryan		
				428 Andy		

JOB TYPE L.S. HOLE SIZE 6 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1204 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
 DISPLACEMENT 19.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: ~~Original cement~~ Loaded casing, dropped trip ball, pumped 4 hrs gel
 should. Est. circulation pumped 140 lbs cement, flushed pump & lines, displaced plug
 to bottom, set shoe, shut in.
 -Circulated cement to surface-

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Long String</u>		800.00
5406	45	MILEAGE		141.75
5402	1204	Footage		204.68
5407	1	Bulk Truck		225.00
55016	3hr	Transport		294.00
55026	3hr	80 Vac		270.00
1104	13,160 #	Cement		1529.20
1107A	120 #	Phone Seal		120.00
1110	1400 #	Gilsonite		644.00
1111	300 #	Sulf		87.00
1118B	450 #	gel		63.00
1123	5800 #	City Water		24.24
4404	1	1/2 Rubber Plug		40.00
			SALES TAX	138.18
			ESTIMATED	
			TOTAL	4736.06

209969

AUTHORIZATION _____ TITLE _____ DATE _____

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