

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

ORIGINAL

Operator: License # 33515
Name: Double Eagle Resources, LLC
Address: 507 S. 14th St
City/State/Zip: Fort Smith, AR 72901
Purchaser: Guardian Energy Consultants
Operator Contact Person: Jeff Hudson
Phone: (620) 779-1679
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

Designate Type of Completion:
____ New Well ____ Re-Entry Workover
____ Oil ____ SWD ____ SLOW ____ Temp. /Abdt.
 Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: James Lorenz
Well Name: John Spooner #1
Original Comp. Date: 4/12/1989 Original Total Depth: 766
____ 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>6/1/2005</u>	<u>6/1/2005</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 099-22738-00-01
County: Labette
____ NE ____ NE ____ SE Sec. 29 Twp. 32 S. R. 18 East West
2310 feet from (S) N (circle one) Line of Section
330 feet from (E) W (circle one) Line of Section

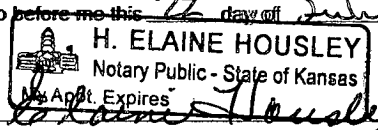
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: John Spooner Well #: 1
Field Name: Cherokee Basin Coal Area
Producing Formation: Cherokee Coals
Elevation: Ground: 869 Kelly Bushing: _____
Total Depth: 766 Plug Back Total Depth: 640
Amount of Surface Pipe Set and Cemented at _____ 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/ _____
w/ Dig - 4/22/09 ^{6x cnt.}

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: Jeffrey W. Hudson
Title: Chief Op. Off. Date: 7/22/05
Subscribed and sworn to before me this 22 day of July
2005.
Notary Public: H. Elaine Housley
Date Commission Expires: 4-24-06



KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution
RECEIVED
JUL 29 2005

KCC WICHITA

X

Operator Name: Double Eagle Resources, LLC Lease Name: John Spooner Well #: 1
 Sec. 29 Twp. 32 S. R. 18 East West County: Labette

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

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

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	CIBP		650
4	412-19; 442-49; & 513-116	15,000# 20/40 sd 400 BBL Water	

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

Date of First Resumerd Production, SWD or Enhr. 7/9/2005 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	15		10		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perm. Dually Comp. Commingled
 Other (Specify) _____

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OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

COPY

Operator: License # 33515
 Name: Double Eagle Resources, LLC
 Address: 507 S. 14th St
 City/State/Zip: Fort Smith, AR 72901
 Purchaser: Guardian Energy Consultants
 Operator Contact Person: Jeff Hudson
 Phone: (620) 779-1679
 Contractor Name: _____
 License: _____
 Wellsite Geologist: _____
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abnd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: James Lorenz
 Well Name: John Spooner #1
 Original Comp. Date: 4/12/1989 Original Total Depth: 766
 Deepening Re-perf. (Conv. to Enbr./SWD)
 Plug Back Plug Back Total Depth
 Cemented Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enbr.?) Docket No. _____

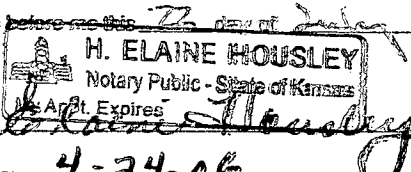
<u>6/1/2005</u>	<u>6/1/2005</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 089-22738
 County: Labette
NE NE SE Sec. 29 Twp. 32 S. R. 18 East West
2310 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: John Spooner Well #: 1
 Field Name: Cherokee Basin Coal Area
 Producing Formation: Cherokee Coals
 Elevation: Ground: 869 Kelly Bushing: _____
 Total Depth: 766 Plug Back Total Depth: 640
 Amount of Surface Pipe Set and Cemented at _____ 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/ _____ sk cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbl's
 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: Jeffrey W. Hudson
 Title: Chief Op. Off. Date: 7/22/05
 Subscribed and sworn to before me this 23 day of July
2005.

 Notary Public: H. Elaine Housley
 Date Commission Expires: 4-24-06

KCC Office Use ONLY

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

**RECEIVED
 JUL 29 2005
 KCC WICHITA** X

Operator Name: Double Eagle Resources, LLC Lease Name: John Spooner Well #: 1
 Sec. 29 Twp. 32 S. R. 18 East West County: Labette

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

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
	CIBP		650
4	412-19; 442-49; & 513-116	15,000# 20/40 sd 400 BBL Water	

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

Date of First, Resumed Production, SWD or Enhr. 7/9/2005		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
		15	10		

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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WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form AGC-1
September 1999
Form Must Be Typed

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Operator: License # 33515
 Name: Double Eagle Resources, LLC
 Address: 507 S. 14th St
 City/State/Zip: Fort Smith, AR 72901
 Purchaser: Guardian Energy Consultants
 Operator Contact Person: Jeff Hudson
 Phone: (620) 779-1679
 Contractor: Name: _____
 License: _____
 Wellsite Geologist: _____

Designate Type of Completion:
 _____ New Well _____ Re-Entry Workover
 _____ Oil _____ SWD _____ SLOW _____ Temp. Alnd.
 Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well into as follows:

Operator: James Lorenz
 Well Name: John Spooner #1
 Original Comp. Date: 4/12/1989 Original Total Depth: 766
 _____ Deepening _____ Re-perf. _____ (Conn. to Entry/SWD)
 _____ Plug Back _____ Plug Back Total Depth: _____
 _____ Cemented _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Entry?) _____ Docket No. _____

<u>6/1/2005</u>	<u>6/1/2005</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

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 Elevation: Ground: 869 Kelly Bushing: _____
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 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 cont.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Field volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
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 Notary Public: H. Elaine Housley
 Date Commission Expires: 4-24-06

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ND Letter of Confidentiality Received
 Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
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 (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

List All E. Logs Run:

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
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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. 7/9/2005 Producing Method Flowing Pumping Gas Lift Other (Explain)

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 Production Interval Other (Specify)

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