

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

Form ACO-1
September 1989
Form Must Be Typed
ORIGINAL

Operator: License # 32756
 Name: Double 7 Oil & Gas
 Address: 21003 Wallace Rd.
Parsons Ks. 67357
 City/State/Zip:
 Purchaser:
 Operator Contact Person: Bruce Schulz
 Phone: () 316-423-0951
 Contractor: Name:
 License:
 Wellsite Geologist:
 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>6-4-04</u> | <u>6-7-04</u> | <u>6-8-04</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 099-23493-0000
 County: Labette
SE NW SE Sec. 33 Twp. 31 S. R. 21 East West
1650 feet from (6) N (circle one) Line of Section
1650 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Schulz Well #: 8
 Field Name:
 Producing Formation: Bartlesville
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 350 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20' 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/ _____ sx cmt.

Drilling Fluid Management Plan AH II NR 5-14-09
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used Empty & Fill
 Location of fluid disposal if hauled offsite:
 Operator Name:
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

**RECEIVED
JUL 13 2004
KCC WICHITA**

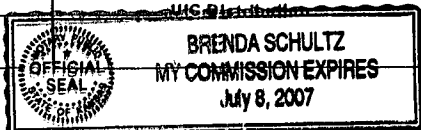
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Bruce Schulz
 Title: Owner Date: 6-24-04
 Subscribed and sworn to before me this 24 day of June
2004
 Notary Public: [Signature]
 Date Commission Expires: July 8, 2007

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Donlod, Yes Date: _____
 Wireline Log Received
 Geologist Report Received



Operator Name: DDouble 7 Oil & Gas Lease Name: Schulz Well #: 8
 Sec. 33 Twp. 31 S. R. 21 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.

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

| 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 | # Sacjs Used | Type and Percent Additives |
| Surface Drill Well | 8 1/2" 11" | 20' 6 1/4" | | | Portland | 5 | |
| Longstring | 6 | 2 3/8 | | 346 | " | 25 | |

| 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 <i>(Amount and Kind of Material Used)</i> | |
|----------------|---|--|-------|
| | | | Depth |
| | | | |
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|--|-----------|---|-------------------|----------------------|--|
| TUBING RECORD | | Size <u>2 3/8</u> | Set At <u>346</u> | Packer At <u>343</u> | 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 <u>15</u> | Water Bbls. | Gas-Oil Ratio | Gravity |

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

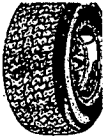
METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____



15-099-23493-02-00
Fiyer Feed & Linc

P. O. Box 216
Thayer, KS 66776-0216
(620) 839-5400
(620) 433-0130 (cell)



Alliance Nutrition™

CUSTOMER'S NO. _____ DATE 3-30-04

NAME Double 7

ADDRESS _____

| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE. RET'D. | PAID OUT |
|---------|-------------------------------------|--------|--------|----------|--------------|----------|
| | <input checked="" type="checkbox"/> | | | | | |

| QUAN. | DESCRIPTION | PRICE | AM |
|------------|-----------------|-------|---------------------------|
| <u>510</u> | <u>Portland</u> | | <u>2815</u> ²⁰ |
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| RECEIVED JUL 13 2004 KCC WICHITA | K.E.T. | |
| | Sales Tax | <u>205.51</u> |
| | TOTAL | <u>3020.51</u> |

All claims and returned goods MUST be accompanied by this bill. 1.5% on past due accounts paid

18283

RECEIVED BY _____

Reorder from Country For



Alliance Nutrition™

15-099-23493-00-00

Hayes Feed & Tire

P. O. Box 216
Thayer, KS 66776-0216
(620) 839-5400
(620) 433-0130 (cell)



CUSTOMER'S NO. _____ DATE 3-30-04

NAME Double 7

ADDRESS _____

| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE. RET'D. | PAID OUT |
|---------|-------------------------------------|--------|--------|----------|--------------|----------|
| | <input checked="" type="checkbox"/> | | | | | |

| QUAN. | DESCRIPTION | PRICE | AM |
|-------|-------------|-------|------|
| 510 | Portland | | 2815 |
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|-------------|-----------|----------------|
| RECEIVED | | K.E.T. |
| JUL 13 2004 | Sales Tax | <u>205.51</u> |
| KCC WICHITA | TOTAL | <u>2815.00</u> |

All claims and returned goods MUST be accompanied by this bill. 1.5% on past due accounts paid

18283

RECEIVED BY _____ Reorder from Country For _____