

**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 # 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: JUL 13 2004  
 License: KCC WICHITA  
 Wellsite Geologist:

API No. 15 - 099-23451-0000  
 County: Labette  
N SW - SW - NE Sec. 19 Twp. 33 S. R. 19  East  West  
3140 feet from (S) / N (circle one) Line of Section  
2220 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE (SE) NW SW  
 Lease Name: O'Brien Well #: 1  
 Field Name: Mound Valley south  
 Producing Formation: Bartlesville  
 Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
 Total Depth: 800 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 Att II NCR 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.: \_\_\_\_\_

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. \_\_\_\_\_  
4-20-04 4-25-04 4-30-04  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

**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: \_\_\_\_\_  
 Subscribed and sworn to before me this 24th day of June  
2004  
 Notary Public: Drenda Schultz  
 Date Commission Expires: July 8, 2007

**KCC Office Use ONLY**

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

**BRENDA SCHULTZ** (tributor)  
**MY COMMISSION EXPIRES**  
**July 8, 2007**



Operator Name: Double 7 Oil & Gas Lease Name: O'Brien Well #: 1  
 Sec. 19 Twp. 33 S. R. 19  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                  (Attach Additional Sheets)</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                  (Submit Copy)</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>
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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	# Sacjs Used	Type and Percent Additives
Surface Drill Well	8 1/2" / 11"	20' 6 1/4"			Portland	5	
Longstring	6 1/4	2 7/8		800	"	50	

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)	
		Amount	Depth

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>800</u>	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 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

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

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled

Production Interval  Other (Specify) \_\_\_\_\_

15-099-23451-000-00



Alliance Nutrition™

# Flyer 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 <input checked="" type="checkbox"/>	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
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QUAN.	DESCRIPTION	PRICE	AMOUNT
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<u>510</u>	<u>Portland</u>		<u>2815<sup>00</sup></u>
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**RECEIVED**

**JUL 13 2004**

**KCC WICHITA**

K.E.T.

Sales Tax

TOTAL

205 51

3020 71

All claims and returned goods MUST be accompanied by this bill. 1.5% on past due accounts paid after the 10th.

18283

RECEIVED BY \_\_\_\_\_

Reorder from Country Forms (620) 784-2558

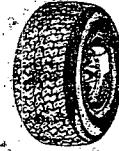


Alliance Nutrition™

15-099-23451-08-02

### Flyer 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 Daubke 7

ADDRESS \_\_\_\_\_

SOLD BY	CASH <input checked="" type="checkbox"/>	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
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QUAN.	DESCRIPTION	PRICE	AMOUNT
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<u>510</u>	<u>Per Hand</u>		<u>3815.20</u>

**RECEIVED**  
**JUL 13 2004**  
**KCC WICHITA**

K.E.T.

Sales Tax

705.57

TOTAL

7020.77

All claims and returned goods MUST be accompanied by this bill. 1.5% on past due accounts paid after the 10th.

18283

RECEIVED BY \_\_\_\_\_

Reorder from Country Forms (620) 784-2558