

**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: _____
 License: _____
 Wellsite Geologist: _____

API No. 15 - 099-23443-0000
 County: Labette
~~North~~ SE Sec. 18 Twp. 33 S. R. 19 East West
990 feet from (S) N (circle one) Line of Section
720 feet from (E) W (circle one) Line of Section

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

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Goins 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.

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. _____
4-7-04 4-12-04 5-6-04
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) AH I ncr 5-14-09
 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.: _____

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 24th day of June
2004
 Notary Public: Brenda 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
 MY COMMISSION EXPIRES
 July 8, 2007



Operator Name: Double 7 Oil & Gas Lease Name: Coins Well #: 1
 Sec. 18 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	11"	20' 7"			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	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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	Water Bbls.	Gas-Oil Ratio	Gravity

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

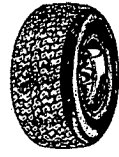
METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

15-099-23443-00-00

Flyer Feed & Tire

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
	✓					

QUAN.	DESCRIPTION	PRICE	AMOUNT
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510	Part land		2815 ⁰⁰
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RECEIVED

JUL 13 2004

KCC WICHITA

K.E.T.

Sales Tax

205 51

TOTAL

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 _____

15-099-23443-00-00

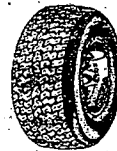


ADM

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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>Part parcel</u>		<u>5815.20</u>
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RECEIVED
JUL 13 2004
KCC WICHITA

K.E.T.	
Sales Tax	<u>205.51</u>
TOTAL	<u>7020.71</u>

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