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DEC 16 2003

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

Form ACO-1  
September 1999  
Form Must Be Typed

KCC WICHITA WELL HISTORY - DESCRIPTION OF WELL & LEASE

**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: (620) 316-423-0951  
 Contractor: Name: Company Tools  
 License:  
 Wellsite Geologist:  
 Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  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. \_\_\_\_\_  
 7-20-01 7-22-01 10-2-01  
 Spud Date or Date Reached TD Completion Date or Recompletion Date

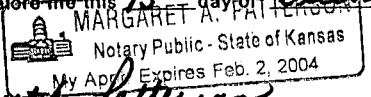
API No. 15 - 099-23159-00-00  
 County: Labette  
 SE SW NW NW Sec. 22 Twp. 31 S. R. 21  East  West  
 \_\_\_\_\_ feet from S  (circle one) Line of Section  
1120  
 \_\_\_\_\_ feet from E  (circle one) Line of Section  
495  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE  SW  
 Lease Name: Loncarich Well #: 1  
 Field Name: McCune West  
 Producing Formation: Bartlesville  
 Elevation: Ground: N/A Kelly Bushing: \_\_\_\_\_  
 Total Depth: 180 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 PAA AH II NUL  
 (Data must be collected from the Reserve Pit) 5-13-09  
 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: Kenneth Maffei  
 Title: Owner Date: 12-11-03  
 Subscribed and sworn to before me this 15th day of December  
2003  
 Notary Public: Margaret A. Patterson  
 Date Commission Expires: 2/2/2004



**KCC Office Use ONLY**

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

Operator Name: Double 7 Oil & Gas Lease Name: Loncarich Well #: 1  
 Sec. 22 Twp. 31 S. R. 21  East  West County: Labette

**INSTRUCTIONS:** Show important base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool on and bleed down 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

List All E. Logs Run:

CASING RECORD <input type="checkbox"/> New <input checked="" 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 Drill Well	<del>20'</del> 11"	20' 6 1/4"			Portland	5	

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

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.		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	Gravily

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 \_\_\_\_\_

ORIGINAL

15-099-23159-00-00



### Flyer Feed & Tire

P. O. Box 216  
501 N. Galveston  
Thayer, KS 66776-0216  
(620) 839-5400



CUSTOMER'S NO. \_\_\_\_\_ DATE 8-3-02

NAME Paul H 7

ADDRESS \_\_\_\_\_

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

QUAN.	DESCRIPTION	PRICE	AMOUNT
180	Portland		954.00

RECEIVED  
KANSAS CORPORATION COMMISSION  
DEC 31 2004  
CONSERVATION DIVISION  
WICHITA, KS

	K.E.T.		
	Sales Tax	71.88	
	TOTAL	1056.88	