

**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
City/State/Zip: Parsons, KS 67357
Purchaser: _____
Operator Contact Person: Bruce Schulz
Phone: (620) 423-0951
Contractor: Name: Company Tools
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. _____

9-7-2006	9-11-2006	10-9-2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 037-21836-0000
County: Crawford
NE NW SE Sec. 18 Twp. 30 S. R. 22 East West
2100 feet from (S) / N (circle one) Line of Section
1880 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Buzard Well #: 4

Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 575 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 NCR 5-13-09
(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. _____ West
County: _____ Docket No. _____

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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: 1-23-07
Subscribed and sworn to before me this 23 day of Jan
2007
Notary Public: Crystal D. Kerley
Date Commission Expires: September 2, 2008

CRYSTAL D. KERLEY
Notary Public - State of Kansas
My Appt. Expires 9-2-2008

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Double 7 Oil & Gas Lease Name: Buzard Well #: 4
 Sec. 18 Twp. 30 S. R. 22 East West County: Crawford

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> 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
Surface Drill Well	11"	6 1/4"		20'	Portland	5	
Long String	5 7/8"	2 3/8"		560	Portland	48	

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

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TUBING RECORD	Size 2 3/8	Set At	Packer At 560	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input checked="" 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 10	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 _____

99-23882
 5 Sacks Surface
 72 Plug
 77

099-24059-0000
 5-Surface
 49 Longstring
 49

450 Balance
 - 77
 373
 - 45
 328
 49

- Feed
- Deck Materials
- Doors
- Electrical
- Fencing
- Hardware
- Cement
- Insulation
- Kitchen & Cabinets
- Lawn & Garden
- Lumber
- Paints
- New Steel
- Plumbing
- Plywood
- Roofing
- Siding
- Storm Doors
- Storm Windows
- Tools
- Vanities
- Rental Equipment
- Windows
- Paneling

CLEAVER

099-24060-0000
 5-Surface
 68 Longstring
 73

279
 - 73
 206
 45

API #
 099-23980
 5-Surface
 40 Longstring
 45
 Filled by

Checked by
 Driver 037-21835-0000
 Time 5-Surface
 36 Longstring

099-24061-0000
 5-Surface
 40 Longstring
 45

161
 - 41
 120
 - 64
 56

SHIP TO

037-21838
 5-Surface
 48-Longstring
 53
 - 50 left

41 FLYER FEED AND TIRE
 P.O. BOX 216

THAYER, KS 66776

099-24110-0000
 6-Surface
 64-Longstring

BRUCE SCHULTZ

ACCOUNT #	CUSTOMER P.O. #	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
F1258		NET 10TH	47760	03/27/06	DT	59206	03/30/06
ORDERED	BACK ORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
450	0	450	EA	CEMENT STANDARD TYPE 1 94LB PALLET ?	6.500	2925.00	
15	0	15	EA	STD PALLET BLOCKS & QUIK-CRETE PALLET	7.590 14.000 14.000	210.00	
1	0	1	EA	GO EAST OF PARSON ON 400 HIGHWAY TO WALLACE RD., TURN SOUTH ON WALLACE, GO 3 MILES DELIVERY CHARGE (OUT OF TOWN)	4.000 4.000	4.00	
-11	0	-11	EA	DCO PALLET BLOCKS & QUIK-CRETE PALLET	14.000 14.000	-154.00	
MAR 30, 2006 8:54:04 OT: 2/ 1					MERCHANDISE	2985.00	
Account due 10th of month following purchase. 1 1/2% interest per month added for an annual percentage rate of 18%						0.00	
***** * INVOICE * *****					TAX	0.00	
RETURN POLICY - within 30 days only - merchandise must be in saleable condition and accompanied by Invoice - No refunds on Special Order non-stock items					FREIGHT	0.00	
RECEIVED BY: _____					AMOUNT TOTAL	2985.00	
ALL OUT OF TOWN DELIVERIES WILL BE SUBJECT TO FUEL CHARGES							

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