

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

Form AGO-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: (\_\_\_\_\_) 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. \_\_\_\_\_  
2-21-05 2-23-05 2-28-05  
Spud Date or  
Recompletion Date    Date Reached TD    Completion Date or  
Recompletion Date

API No. 15 - 099-23629-0000  
County: Labette  
SW - SW - SE Sec. 21 Twp. 31 S. R. 21  East  West  
330 feet from (S) N (circle one) Line of Section  
1980 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Jack Well #: 1  
Field Name: \_\_\_\_\_  
Producing Formation: Bartlesville  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 470 Plug Back Total Depth: 460  
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 460  
feet depth to 0 w/ 35 Alt 2 - Dlg - 5/13/04  
sx cmt

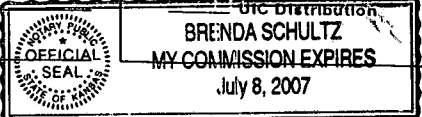
Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used Empty & Fill  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: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

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: 3-28-05  
Subscribed and sworn to before me this 28<sup>th</sup> day of March  
2005  
Notary Public: Brenda Schultz  
Date Commission Expires: July 8, 2007

KCC Office Use ONLY  
NO Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received



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

**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 (Attach Additional Sheets) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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 (Submit Copy) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List All E. Logs Run:	

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
Drill Well	5 1/2" x 10"	20' 6 1/4"		20'	Portland	5	
Longstring	5 5/8"	2 3/8"		460	"	35	

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

<b>TUBING RECORD</b>		Size <u>2 3/8</u>	Set At <u>460</u>	Packer At <u>460</u>	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 <u>10</u>	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas		METHOD OF COMPLETION		Production Interval	
<input type="checkbox"/> Vented	<input type="checkbox"/> Sold	<input type="checkbox"/> Used on Lease	<input checked="" type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.
(If vented, Sumit ACO-18.)			<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Commingled	



### Flyer Feed & Tire

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



**ORIGINAL**

CUSTOMER'S NO. _____					DATE <u>11-27-04</u>		
NAME <u>Double Z</u>							
ADDRESS _____							
SOLD BY	CASH <input checked="" type="checkbox"/>	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT	
QUAN	DESCRIPTION				PRICE	AMOUNT	
<u>450</u>	<u>Portland</u>					<u>2439</u>	
K.E.T.							
Sales Tax					<u>178<sup>05</sup></u>		
TOTAL					<u>2617<sup>95</sup></u>		

15-099-23629-00-00

**RECEIVED**  
**MAR 30 2005**  
**KCC WICHITA**