

**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: DOUBLE 7 OIL & GAS LLC

License: 32756

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. _____

Spud Date or Recompletion Date: 9-21-04 Date Reached TD: 10-1-04 Completion Date or Recompletion Date: 10-16-04

API No. 15 - 099-23626-0000

County: Labette

NW-NW-SE Sec. 14 Twp. 32S. R. 17 East West

2310 feet from S / N (circle one) Line of Section

2310 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Trefethen Well #: 3

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 1015 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 1015

feet depth to 6 w/ 125 sx cmt.

ALT II WHM 7-26-06

~~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.

**RECEIVED
DEC 23 2004**

KCC WICHITA

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the data herein are complete and correct to the best of my knowledge.

Signature: Bruce Schulz

Title: Owner Date: _____

Subscribed and sworn to before me this 20th day of December 2004.

Notary Public: Sandra K. Manners

Date Commission Expires: 3-16-2006

KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____

NO Wireline Log Received

NO Geologist Report Received

NO UTC Distribution

**SANDRA K. MANNERS
MY COMMISSION EXPIRES
March 16, 2006**

Operator Name: DBuble 7 Oil & Gas Lease Name: Trefethen Well #: 3
 Sec. 14 Twp. 32 S. R. 17 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, lime 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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum 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	# Sacs Used	Type and Percent Additives
Surface Drill Well	11"	20' x 6 3/4" XXXXXX	8 5/8		Portland	5	
Longstring	6 3/4"	4 1/2"	9	1015	"	125	

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 <u>4 1/2</u>	Set At <u>1015</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 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

UNCONSOLIDATED OIL WELL SERVICES, INC.
 11 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 OR 800-467-8676

TICKET NUMBER 2230
 LOCATION EUREKA
 FOREMAN KEVIN MCCOY

**TREATMENT REPORT & FIELD TICKET
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-04						No

TRUCK #	DRIVER	TRUCK #	DRIVER
445	TROY		
441	JUSTIN		
412	GEORGE		

CUSTOMER <u>Bruce Schulz</u>		STATE <u>Ks</u>		ZIP CODE <u>67357</u>
BILLING ADDRESS <u>21003 WALLACE ROAD</u>				
CITY <u>PARSON</u>				

B TYPE LONGSTRING HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 9.5 #
 Casing Depth 1015' DRILL PIPE _____ TUBING _____ OTHER _____
 Slurry Weight 14.5 # SLURRY VOL 27.5 BBL WATER gal/sk 5.6 CEMENT LEFT in CASING 0'
 Displacement 16.5 BBL DISPLACEMENT PSI 600 MIX PSI 1200 Bump Plug RATE _____

MARKS: Safety Meeting: BAN WIRE LINE DOWN 4 1/2 CASING. TAG BOTTOM w 1015'.
Big up to Cement. Pump 10 BBL fresh water. Pump 10 BBL GEL Flush. Pump
8 BBL Dye water. MIXED 125 SKS 60/40 POZNIX Cement w 2% GEL 1/2 # Floccle
2.15K @ 14.5 # P-19AL. Yield 1.24. Wash out pump & lines. Shut down. Release
Plug. Displace w/ 16.5 BBL Fresh water. FINAL Pumping Pressure 600 PSI. Bump
Plug to 1300 PSI. wait 2 minutes. Release Pressure. Float didn't hold. ReBump
Plug to 700 PSI. Shut casing in. Job Complete. 2 BBL Cement Slurry to
fit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	710.00	710.00
5406	60	MILEAGE	2.35	141.00
1131	125 SKS	60/40 POZNIX Cement	7.30	912.50
118	2 SKS	GEL 2%	12.40	24.80
107	2 1/2 SKS	Floccle 1/2 # P-15K	40.00	100.00
118	2 SKS	GEL Flush	12.40	24.80
5407A	5.37 TONS	60 miles	.85	273.87
5501C	.10 3 HRS	WATER TRANSPORT	84.00	852.00
123	5460 gals	City water (THAYER LAKE)	11.50	62.79
1404	1	4 1/2 Top Rubber Plug (Furnished By Operator)		
Sub total				2506.76
Thank you				
6.3%				
SALES TAX				70.88
ESTIMATED TOTAL				2577.63

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