

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: (____) 316-423-0951

Contractor: Name: _____

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. _____

8-30-05 9-1-05 9-2-05

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

API No. 15 - 021-20274-0000

County: Cherokee

SW NE NE Sec. 14 Twp. 32 S. R. 21 East West

4837 feet from S N (circle one) Line of Section

330 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Brown Well #: 1

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 515 Plug Back Total Depth: 240

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 cm

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Empty & Fill KCC RECEIVED

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No.: WICHITA KS

Quarter _____ Sec. _____ Twp. _____ S. R. East West

County: _____ Docket No.: _____

AT 2 - WHM - 4/12/06

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.

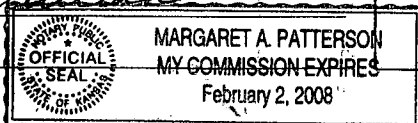
Signature: Bruce Schulz

Title: Owner Date: 9-21-05

Subscribed and sworn to before me this 21st day of September 2005

Notary Public: Margaret A. Patterson

Date Commission Expires: 2/2/2008



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Double 7 Oil & Gas Lease Name: Brown Well #: 1
 Sec. 14 Twp. 32 S. R. 21 East West County: Cherokee

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 (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 Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|--|---|

| CASING RECORD <input type="checkbox"/> Now <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 | 5 1/2" / 11" | 20' 6 1/4" | | | Portland | 5 | |
| Longstring | 5.5/8 | 2 3/8 | | 195 | " " | 20 | |

| 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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone | 240 | portland | 30 | |

| 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 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | | |
|---|-----------|-------------------|--|----------------------|--|
| TUBING RECORD | | Size <u>2 3/8</u> | Set At | Packer At <u>195</u> | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed 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>5</u> | Water Bbls. | Gas-Oil Ratio | Gravity |

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



Flyer Feed & Tire

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



| CUSTOMER'S NO. _____ | | DATE <u>7-1-05</u> | | | | | |
|----------------------|-------------------------------------|--------------------|-------------|-------------|--------------|----------------|--|
| NAME <u>Double 7</u> | | | | | | | |
| ADDRESS _____ | | | | | | | |
| SOLD BY | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE. RET'D. | PAID OUT | |
| | <input checked="" type="checkbox"/> | | | | | | |
| QUAN. | DESCRIPTION | | PRICE | AMOUNT | | | |
| <u>450</u> | <u>Portland</u> | | <u>5.90</u> | <u>2655</u> | | | |
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| | | | | K.E.T. | | | |
| | | | | Sales Tax | | <u>193.82</u> | |
| | | | | TOTAL | | <u>2848.82</u> | |

RECEIVED
 KCC
 SEP 23 2005
 WICHITA, KS

NSCO #11490

All claims and returned goods MUST be accompanied by this bill.
 1.5% on past due accounts paid after the 10th.

12374

RECEIVED BY _____