

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32756
Name: Double 7 Oil & Gas
Address: 21003 Wallace Rd.
City/State/Zip: Parsons Ks. 67357
Purchaser: _____

Operator Contact Person: Bruce Schultz
Phone: (____) 316-423-0951
Contractor: Name: Double 7 Oil & Gas
License: 32756
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. _____
2-15-05 2-17-05 2-18-05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15-021-20272-0000
County: Cherokee
S/2 S/2 SW Sec. 13 Twp. 32 S. R. 21 East West
100 feet from S / N (circle one) Line of Section
3928 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Smith Well #: 1
Field Name: _____

Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 270 Plug Back Total Depth: 260
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 260
feet depth to 0 w/ 150 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.: _____

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Alt 2 - DLG - 5/12/09

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 Schultz
Title: Owner Date: 3-28-05
Subscribed and sworn to before me this 28th day of March
2005
Notary Public: Dwanda Schultz
Date Commission Expires: July 8, 2007

KCC Office Use ONLY
ND Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
BRENDA SCHULTZ
COMMISSION EXPIRES
July 8, 2007



Operator Name: DDuble 7 Oil & Gas Lease Name: Smith Well #: 1
 Sec. 13 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, 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 type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 <div style="text-align: center; font-size: small;"> eA: 10/10/10 10/10/10 </div>
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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	# 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		260	"	21	

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

TUBING RECORD		Size <u>2 3/8</u>	Set At	Packer At <u>260</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	Gravly

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____



Flyer Feed & Tire

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



ORIGINAL

CUSTOMER'S NO. _____ DATE 11-27-04

NAME Double Z

ADDRESS _____

SOLD BY	CASH <input checked="" type="checkbox"/>	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
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QUAN.	DESCRIPTION	PRICE	AMOUNT
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450	Portland		2439
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K.E.T.

Sales Tax 178⁹⁵

TOTAL 2617⁹⁵

15-021-20272-00-00

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