

**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 # 5451  
Name: Dale Fadely  
Address: 909 Highway 99  
City/State/Zip: Sedan, KS 67361  
Purchaser: Coffeyville Resources  
Operator Contact Person: Dale Fadely  
Phone: (620) 725-3926  
Contractor: Name: Finney Drilling  
License: 5989  
Wellsite Geologist: none

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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. \_\_\_\_\_

<u>8-26-2004</u>	<u>8-31-2004</u>	<u>9-20-2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019-26645-0000  
County: Chautauqua  
SE SE NW SE Sec. 5 Twp. 35 S. R. 12  East  West  
1528 feet from S N (circle one) Line of Section  
1486 feet from E W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Venamon Well #: TA#2  
Field Name: Peru  
Producing Formation: Wayside  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 1067 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 40 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 1067  
feet depth to surface w/ 140 sx cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit) *Alt II KGR 2/7/08*  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
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: Dale Fadely Date: 12-23-2004  
Title: Agent  
Subscribed and sworn to before me this 23rd day of December,  
20 04.  
Notary Public: Reda Talbott  
Date Commission Expires: January 5, 2005

**KCC Office Use ONLY**

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

**NOTARY PUBLIC, State of Kansas  
REDA TALBOTT  
My Comm. Exp. 2/5/2005**

Operator Name: Dale Fadely Lease Name: Venamom Well #: TA#2  
 Sec. 5 Twp. 35 S. R. 12  East  West County: Chautauqua

**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  Yes  No

(Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No

(Submit Copy)

List All E. Logs Run:

**Gamma Ray/Neutron**

Log Formation (Top), Depth and Datum  Sample

Name Top Datum

**Wayside 1014'-1028'**

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	10 3/4	8 5/8		40	portland		
production	6 3/4	4 1/2	10.5#	1062'	50/50 poz	140	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
..... Perforate				
..... Protect Casing				
..... Plug Back TD				
..... 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
1	1015-1025	15% HCL Acid 100 gal. frac with 4000# sand and 160 barrel water	1015-1025

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	1045'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
9-22-04	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio Gravity
	5	0	15	

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented  Solid  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
 (If vented, Submit ACO-18.)  Other (Specify) \_\_\_\_\_

CONSOLIDATED OIL WELL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 1742  
 LOCATION Bathesville  
 FOREMAN Steve Johnson

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-1-04	2813	TA-2	5	355	12E	CA
CUSTOMER Nate Feady			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			289	Kirk		
CITY			202	Bruce		
STATE			413	TRAUS		
ZIP CODE						

JOB TYPE logstring HOLE SIZE 2 3/4 HOLE DEPTH 1067' CASING SIZE & WEIGHT 4 1/2  
 CASING DEPTH 1062 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 17 DISPLACEMENT PSI 500 MIX PSI 0 RATE 4.5

REMARKS: Ran 2 sx GEL with balls breaking circulation with water followed by 140 sx cement with 20% GEL 50% SALT 1/2" Floscal washed behind plug pumped plug to bottom set shoe shut in.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>logstring</u>		710.00
5406	35	MILEAGE		87.25
5407	<u>misc</u>	<u>bulk delivery</u>		275.00
1104	140 sx	Cement		1246.00
1105	1 sx	Hulls		13.60
1107	2 sx	Floscal		80.00
1111	350 lb	SALT		91.00
1118	5 sx	GEL		62.00
1123	4200 gal	city water		48.30
41404	1	4 1/2 Rubber plug		37.50
55014	4 hrs	TRANSPORT		336.00
				494.44
			SALES TAX	122.00
			ESTIMATED TOTAL	3048.23

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 3031.09