

**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 # 30102
 Name: C & S Oil
 Address: P.O. Box 41
 City/State/Zip: Neosho Falls, Ks 66758
 Purchaser: Plains Marketing
 Operator Contact Person: Robert Christenson / Ron German
 Phone: (620) 365-0919 or (620) 363-2865
 Contractor: Name: L & S Well Service LLC
 License: 33374
 Wellsite Geologist: none
 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>1-29-2005</u>	<u>2-2-2005</u>	<u>2-3-2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 207-26859-00-00
 County: Woodson
 e/2 w/2 nw Sec. 24 Twp. 23 S. R. 16 East West
4001 feet from (S) / N (circle one) Line of Section
4231 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Remlinger Well #: 16 B
 Field Name: Neosho Falls-Leroy
 Producing Formation: Squirrel
 Elevation: Ground: 958 Kelly Bushing: none
 Total Depth: 1037' Plug Back Total Depth: 1030'
 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 1037
 feet depth to surface w/ 135 sx cmt.

Drilling Fluid Management Plan AH 11 NCR 7-22-08
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used air drilled
 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: Robert Christenson
 Title: owner Date: April 4th, 2005
 Subscribed and sworn to before me this 4th day of April,
2005.
 Notary Public: Patricia J. Schuster
 Date Commission Expires: December 31st, 2005

KCC Office Use ONLY

NO Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



X

Operator Name: C & S Oil Lease Name: Remlinger Well #: 16 B
 Sec. 24 Twp. 23 S. R. 16 East West County: Woodson

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 <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray / Neutron / CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input checked="" 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"	7"	n/a	40'	portland	40	none
production	5 1/2"	2 7/8"	n/a	1030'	diversified light	135	none

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
2	943' to 962' 40 shots	100 gal. HCL (15%)	
		4000 pounds of frac sand	
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TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 3-10-05			Producing Method <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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1				

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

L S Well Service, LLC #33374
543-A 22000 Rd.
Cherryvale, KS 67335
620-328-4433

DRILLER LOG
Robert Christenson
C S OIL

Remlinger #16B
API#207-26859-00-00
SEC. 24, T23, R16E
WOODSON CO, KS

ORIGINAL

0-5	DIRT
5-25'	SANDY CLAY
25-35	RIVER ROCK
35-90	SHALE
90-95	LIME
95-125	SAND
125-165	LIME
165-258	SHALE
258-275	LIME
275-285	SHALE
285-305	LIME
305-307	SHALE
307-320	LIME
320-322	SHALE
322-330	LIME
330-365	SAND
365-375	LIME
375-378	SHALE
378-380	LIME
380-393	SHALE
393-394	COAL
394-399	SHALE
399-402	LIME
402-410	SHALE
410-415	LIME
415-427	SHALE
427-430	LIME
430-435	SHALE
435-440	LIME
440-443	SHALE
443-470	LIME
470-480	SAND
480-499	LIME
499-503	SHALE
503-526	LIME
526-529	SHALE
529-551	LIME
551-553	SHALE
553-587	LIME
587-591	SHALE
591-594	SANDY SHALE
594-601	SAND
601-606	SANDY SHALE
606-626	SAND
626-631	SANDY SHALE
631-691	SAND
691-692	SANDY SHALE

1-29-05 Drilled 10" hole and set 40'
of 7" surface pipe.
Pumped by Diversified

2-1-05 Started drilling 5 1/2" hole

2-2-05 Finished drilling to T.D. 1037'

WATER @ 100'

941' OIL ODOR
949' SAND WITH LIGHT OIL
962' SAND WITH HEAVY OIL

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L S Well Service, LLC #33374
543-A 22000 Rd.
Cherryvale, KS 67335
620-328-4433

DRILLER LOG
Robert Christenson
C S OIL

Remlinger #16B
API#207-26859-00-00
SEC. 24, T23, R16E
WOODSON CO, KS

ORIGINAL

692-694	SHALE
694-711	LIME
711-726	SHALE
726-741	LIME
741-746	SHALE
746-756	LIME
756-757	SHALE BLACK
757-761	LIME
761-772	SAND
772-777	SANDY SHALE
777-791	SAND
791-801	SANDY SHALE
801-806	SAND
806-811	SANDY SHALE
811-815	SHALE
815-816	COAL
816-817	SHALE
817-831	LIME
831-846	SHALE
846-851	LIME
851-866	SHALE
866-878	LIME
878-887	SHALE
887-889	BLACK SHALE
889-902	LIME
902-903	SHALE
903-912	LIME
912-922	SAND
922-927	SANDY SHALE
927-947	SHALE
947-949	SANDY SHALE
949-962	SAND WITH LIGHT OIL
962-964	SAND WITH HEAVY OIL
964-982	SAND
982-1002	SHALE
1002-1012	LIME
1012-1037	SHALE

T.D. 1037'

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L S Well Service, L.L.C. # 33374
543 22000 ROAD
CHERRYVALE, KANSAS 67335-8515
620-328-4433 OFFICE

TICKET NUMBER 2005 0129
LOCATION Woodson Co
FOREMAN BL LC GB

ORIGINAL

CEMENT TREATMENT REPORT

API # 15-207-26859-00-00

DATE	CUSTOMER#	WELL NAME	
1-29-05		Remlinger	16 B
SECTION	TOWNSHIP	RANGE	COUNTY
24	23	16E	Woodson
CUSTOMER			
C+S Oil			
MAILING ADDRESS			
P.O. Box 41			
CITY			
Neosho Falls			
STATE	ZIP CODE		
Kansas	64759		
TIME ARRIVED ON LOCATION			

Type of Cement	Portland
Number of Sacks	40

WELL DATA

HOLE SIZE	10"	
TOTAL DEPTH	40'	
CASING SIZE	7"	
CASING DEPTH	40'	
OPEN HOLE		
PACKER DEPTH		
WIRE LINE	READING BEFORE	
WIRE LINE	READING AFTER	
TREATMENT VIA		

TYPE OF TREATMENT

<input checked="" type="checkbox"/> SURFACE PIPE
<input type="checkbox"/> PRODUCTION CASING
<input type="checkbox"/> SQUEEZE CEMENT
<input type="checkbox"/> PLUG AND ABANDON
<input type="checkbox"/> PLUG BACK
<input type="checkbox"/> MISP. PUMP
<input type="checkbox"/> WASH DOWN
<input type="checkbox"/> OTHER

INSTRUCTIONS PRIOR TO JOB _____

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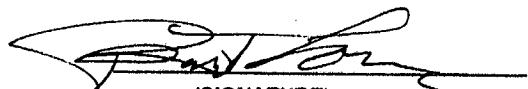
AUTHORIZATION TO PROCEED

TITLE

KGC WICHITA
DATE

Hooked onto 7" washed pipe down hole established circulation
blended 40 sk Portland, dropped rubber plug, displaced cement
with 1 1/4 BLS Water. Good cement returns at surface

- PLUG ON BOTTOM
- SHUT IN PRESSURE
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH _____ SACKS


(SIGNATURE)

L S Well Service, L.L.C.# 33374
 543 22000 ROAD
 CHERRYVALE, KANSAS 67335-8515
 620-328-4433 OFFICE

ORIGINAL

TICKET NUMBER 20050203
 LOCATION Woodson
 FOREMAN BL.GB

CEMENT TREATMENT REPORT

API # 15-207-26859-00-00

DATE	CUSTOMER#	WELL NAME	
2-03-05		Remlinger	16B
SECTION	TOWNSHIP	RANGE	COUNTY
24	23	16E	Woodson
CUSTOMER			
C+S O:1			
MAILING ADDRESS			
P.O. Box 41			
CITY			
Neosho Falls			
STATE		ZIP CODE	
Kansas		66758	
TIME ARRIVED ON LOCATION			

Type of Cement	Diversified Light
Number of Sacks	135

WELL DATA

HOLE SIZE	5 1/2"
TOTAL DEPTH	1037'
CASING SIZE	2 7/8"
CASING DEPTH	1030'
OPEN HOLE	
PACKER DEPTH	
WIRE LINE	READING BEFORE
WIRE LINE	READING AFTER
TREATMENT VIA	

TYPE OF TREATMENT

<input type="checkbox"/> SURFACE PIPE
<input checked="" type="checkbox"/> PRODUCTION CASING
<input type="checkbox"/> SQUEEZE CEMENT
<input type="checkbox"/> PLUG AND ABANDON
<input type="checkbox"/> PLUG BACK
<input type="checkbox"/> MISF. PUMP
<input type="checkbox"/> WASH DOWN
<input type="checkbox"/> OTHER

INSTRUCTIONS PRIOR TO JOB _____

Robert Christenson
 AUTHORIZATION TO PROCEED TITLE DATE

Hooked onto 2 7/8" casing, established circulation with 6 Bls Water, prepped hole with 3sr gel and 1sr Metso ahead, blended 135sr Diversified Light Cement, dropped rubber plug and landed plug on bottom with 1000 psi. Set float shoe

- PLUG ON BOTTOM
- SHUT IN PRESSURE
- LOST CIRCULATION
- GOOD CEMENT RETURNS
- TOPPED OFF WELL WITH _____ SACKS


 (SIGNATURE)

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

2nd well

TICKET NUMBER 37517
 FIELD TICKET REF # 26209
 LOCATION Thoyer
 FOREMAN Beth Busby

TREATMENT REPORT
 FRAC & ACID

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-7-05	2027	Remlinger 16-B	24	23S	16E	WO

CUSTOMER
 C & S Oil
 MAILING ADDRESS
 P O Box 41
 CITY
 Neosho Falls
 STATE
 KS
 ZIP CODE
 66758

TRUCK #	DRIVER	TRUCK #	DRIVER
293	Jeff		
449	Harv		
126	Scott		
453T90	George		
452T63	Jim		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 X EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
	943-62 (40) Squirrel

TYPE OF TREATMENT

Frac

CHEMICALS

KCL Sub	
Breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	15	15			1700	BREAKDOWN
20-40				1500#		START PRESSURE
12-20				1000#		END PRESSURE
10 balls						BALL OFF PRESS
12-20				500#		ROCK SALT PRESS
8 balls					200	ISIP
12-20				1000#		5 MIN
FLUSH	6					10 MIN
release balls						15 MIN
overflush	5	↓	TOTAL	4,000#	12	MIN RATE
TOTAL	105				15	MAX RATE
					5.5	DISPLACEMENT

REMARKS: customer spot 100 gal. acid thru 1" / frac w 25# gelwater 2% KCL
 max 120 bbls

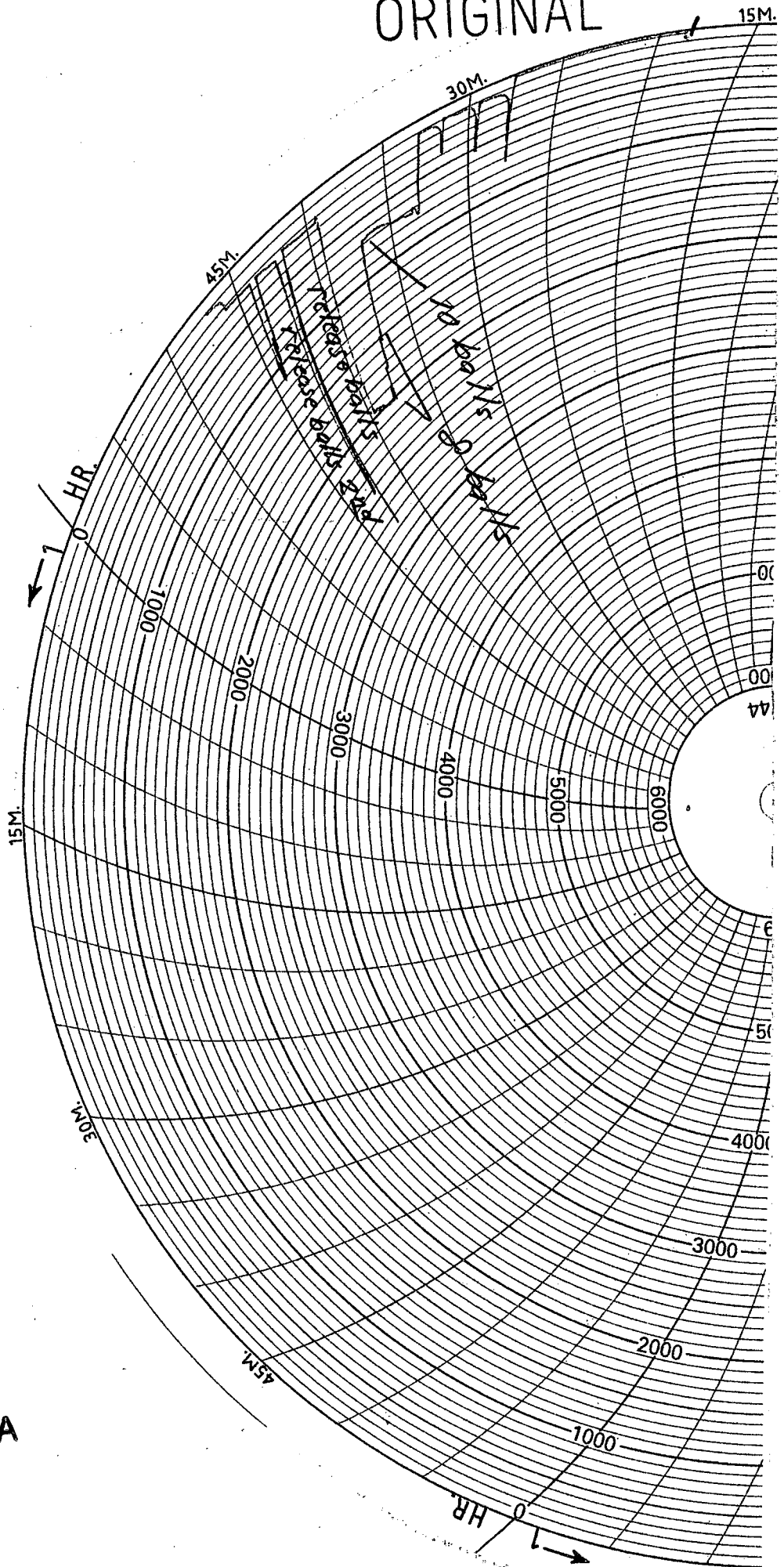
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AUTHORIZATION _____ TITLE _____ DATE 3-7-05

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WICHITA