

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

JAN 2 2009

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONSERVATION DIVISION
WICHITA, KS

ORIGINAL

OPERATOR: License # 5225
Name: Quinque Operating Company
Address 1: 908 N.W. 71st St.
Address 2: _____
City: Oklahoma Ctiy State: OK Zip: 73116 + _____
Contact Person: Catherine Smith
Phone: (405) 840-9876
CONTRACTOR: License # 33311
Name: Phil Dollar Oilfield Services, Inc.
Wellsite Geologist: _____

API No. 15 - 119-102324000115
Spot Description: Sec 25-34S-30W
SW NW SE SW Sec. 25 Twp. 34 S. R. 30 East West
3300 3274 3292 Feet from North / South Line of Section
4620 4822 4756 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner: 400 300 100
 NE NW SE SW
County: Meade
Lease Name: Adams D Well #: 5 SWD
Field Name: Adms Ranch-East Marmaton

Purchaser: _____
Designate Type of Completion: _____
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) FOR Temp. Abd.
 Dry Other P&A SWD Docket E6354
(Core, WSW, Expl., Cathodic, etc.)

Producing Formation: Marmaton
Elevation: Ground: 2624' Kelly Bushing: _____
Total Depth: 5465' Plug Back Total Depth: 5256'
Amount of Surface Pipe Set and Cemented at: 649' 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/ _____ ALT-Dlg-5/1/09 ^{5x gmt}

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 (SWD or Enhr.?) Docket No.: P&A 4/02/09
Spud Date or 9/11/93 Date Reached TD 9/20/93 Completion Date or 10/31/93 Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbbl
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: Catherine Smith

Title: Regulatory Date: 1/19/09

Subscribed and sworn to before me this 19th day of January

20 09
Notary Public: Kelly Freeman

Date Commission Expires: 08/01/10

NOTARY SEAL
KELLY FREEMAN
Notary Public
State of Oklahoma
Commission # 06007471 Expires 08/01/10

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Quinque Operating Company Lease Name: Adams D Well #: 5
 Sec. 25 Twp. 34 S. R. 30 East West County: Meade

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run:	<input 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 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
Conductor		13 3/8"		649'		500	
Surface		9 5/8"		2708'		800	
Production		5 1/2"		5464'		400	

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
	5350'-5357'		
P&A well 1/2/09	12/31/08: Ran wireline to 1902'. Tagged. Pump 100 sx cmt down tbg.		
	1/2/09: Ran wireline. Tagged at 1196'. Pumped 50 sx cmt down tubing. Cement circulated up 5 1/2" casing to surface		

TUBING RECORD: Size: <u>2 3/8"</u> Set At: <u>5300'</u> Packer At: <u>5300'</u> Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed 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 Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit AC0-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____
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