

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 # 30128
Name: KENNETH S. WHITE
Address: 2400 N. Woodlawn, Suite 115
City/State/Zip: Wichita KS 67220
Purchaser: _____
Operator Contact Person: Kenneth S. White
Phone: (316) 682-6300
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606
Wellsite Geologist: Ken White
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: C. H. Todd, Inc.
Well Name: #1-34 Carr
Original Comp. Date: 11/3/03 Original Total Depth: 5544
____ 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. _____
10/16/04 10/18/04 12/17/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - ~~487-21-24-0004~~ 187-21024-00-01
County: Stanton
N/2 N/2 SW/4 Sec. 34 Twp. 29 S. R. 41 East West
2310 feet from S N (circle one) Line of Section
3960 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Carr Well #: 1-34
Field Name: Arroyo
Producing Formation: Morrow
Elevation: Ground: 3385 Kelly Bushing: 3394
Total Depth: 5544 Plug Back Total Depth: 5506
Amount of Surface Pipe Set and Cemented at 1680 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 WD-1 NCR 7-23-08
(Data must be collected from the Reserve Pit)
Chloride content 8500 ppm Fluid volume 900 bbls
Dewatering method used evaporation
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: Kenneth S. White
Title: Operator Date: 4/19/05
Subscribed and sworn to before me this 19th day of April,
2005
Notary Public: Susan M. Way
Date Commission Expires: _____

SUSAN M. WAY
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 10-17-09

KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: KENNETH S. WHITE Lease Name: Carr Well #: 1-34
 Sec. 34 Twp. 29 S. R. 41 East West County: Stanton

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Atoka Shale</td> <td>4832</td> <td>-1437</td> </tr> <tr> <td>Morrow Shale</td> <td>4991</td> <td>-1596</td> </tr> <tr> <td>Lwr Mrw Marker</td> <td>5299</td> <td>-1904</td> </tr> <tr> <td>Miss - St. Gen</td> <td>5479</td> <td>-2084</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Atoka Shale	4832	-1437	Morrow Shale	4991	-1596	Lwr Mrw Marker	5299	-1904	Miss - St. Gen	5479	-2084
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CASING RECORD <input checked="" 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	12-1/4"	8-5/8"	2	1680		650	
Production	7-7/8"	5-1/2"	15.5#	5525	ASC	220	5# Gilsonite per sack

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
4	5402' - 5410'	Acidize w/1500 gals 7-1/2% MCA acid	
		w/20% methanol and frac w/23,000# 16/30	
		sand and 13,000 gals crosslinked gel	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	5468'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. Temporarily Abandoned		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 Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

ALLIED CEMENTING CO., INC. 18022 ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: M.L.

DATE <u>10-18-04</u>	SEC <u>34</u>	TWP <u>29</u>	RANGE <u>4W</u>	CALLED OUT <u>3:30 pm</u>	ON LOCATION <u>7:30 pm</u>	JOB START <u>8:10 pm</u>	JOB FINISH <u>9:15 pm</u>
LEASE <u>Care</u>	WELL # <u>134</u>	LOCATION <u>Johnson ks, 160 + 273rd</u>	COUNTY <u>Stanton</u>	STATE <u>KS</u>			
OLD OR <u>(NEW)</u> (Circle one)		<u>6s to Road #6, 2 west 1/2 south W into</u>					

CONTRACTOR Murf in #25
 TYPE OF JOB Production Casing
 HOLE SIZE 7 7/8" T.D. 5532'
 CASING SIZE 5 1/2" 15.50 DEPTH 5533'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" DEPTH 5532'
 TOOL AFU insert DEPTH 5510'
 PRES. MAX _____ MINIMUM 50
 MEAS. LINE 1000 SHOE JOINT 23.02
 CEMENT LEFT IN CSG. 23.02
 PERFS. _____
 DISPLACEMENT 131 bbl fresh h2o

OWNER Kenneth S. White
 CEMENT
 AMOUNT ORDERED 245 sx ASC + 5#
Kol-Seal
500 gals. ASF

EQUIPMENT

8/18
 PUMP TRUCK CEMENTER Mike Rucker
 # 265 HELPER Bill McAdoo
 BULK TRUCK
 # Ness City DRIVER Jim Weighouse
 BULK TRUCK
 # _____ DRIVER _____

COMMON _____	@ _____	_____
POZMIX _____	@ _____	_____
GEL _____	@ _____	_____
CHLORIDE _____	@ _____	_____
ASC <u>245</u>	@ <u>10.65</u>	<u>2609.25</u>
_____	@ _____	_____
ASF <u>500 gals.</u>	@ <u>1.00</u>	<u>500.00</u>
Kol Seal <u>9225</u>	@ <u>.50</u>	<u>4612.50</u>
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>317</u>	@ <u>1.35</u>	<u>427.95</u>
MILEAGE <u>50 x 317 x .05</u>		<u>792.50</u>
	TOTAL	<u>4942.20</u>

REMARKS:
25
Cap. re on bottom break Circ Pump
Soogal ASE Pump 155x Pathole - Pump
WSP Mousehole Start Prod. fix 220sx
ASC #5# Kol-Seal @ 14.5 weight Stop
Pumps Wash Pump & lines Release Rubber
plug start Disp. @ 109Hd See lift 300'
9:10 am @ 131 bbl fresh h2o Disp. Pump
plug 400-1000 Release float hold.

CHARGE TO: Kenneth S. White
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 5533'
 PUMP TRUCK CHARGE _____ 1480.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 50 @ 4.00 200.00
 _____ @ _____
 _____ @ _____
RECEIVED
APR 20 2005
KCC WICHITA TOTAL 1680.00

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

MANIFOLD Rotating Head	@ <u>25.00</u>	<u>75.00</u>
1-5/2 Swipler Shoe	@ <u>350.00</u>	<u>350.00</u>
1-5 1/2 AFU insert	@ <u>235.00</u>	<u>235.00</u>
1-5 1/2 Basket	@ <u>128.00</u>	<u>128.00</u>
11-5 1/2 Centralizers	@ <u>50.00</u>	<u>550.00</u>
16-5 1/2 Scratchers	@ <u>45.00</u>	<u>720.00</u>
<u>5' Sections</u>		
	TOTAL	<u>2058.00</u>

TAX _____
 TOTAL CHARGE _____
 DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE Herb Durant Herb Durant
 ANY APPLICABLE TAX PRINTED NAME
 WILL BE CHARGED
 UPON INVOICING