

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5285
Name: The Dane G. Hansen Trust
Address: P.O. Box 187
City/State/Zip: Logan, KS 67646
Purchaser: _____
Operator Contact Person: Richard L. Wallgren, Sr.
Phone: (785) 689-4816
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Doug Davis

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. _____
5/17/07 5/27/07 5/28/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 063-21,663-0000
County: Gove
NW NE SE Sec. 28 Twp. 15 S. R. 27W East West
2310 feet from (circle one) Line of Section
990 feet from (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: RODERICK Well #: 7
Field Name: Rosa NW
Producing Formation: LKC
Elevation: Ground: 2445 Kelly Bushing: 2453
Total Depth: 4314³ Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 383.23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1878 Feet
If Alternate II completion, cement circulated from 1878
feet depth to Surface w/ 450 sx cmf.
(15sks In Rat Hole)(10sks In Mouse Hole)

Drilling Fluid Management Plan AIT NH 7-21-08
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 300 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: Carol L. Bales
Carol L. Bales
Title: Trustee Date: 9/11/07
Subscribed and sworn to before me this 11 day of September
20 07
Notary Public: Betty Jane Bittel
Betty Jane Bittel
Date Commission Expires: July 17, 2008

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
SEP 12 2007

BETTY JANE BITTEL
State of Kansas
My Appt. Exp. July 17, 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: The Dane G. Hansen Trust Lease Name: RODERICK Well #: 7
 Sec. 28 Twp. 15 S. R. 27W East West County: Gove

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 checked="" type="checkbox"/> Yes <input 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: Dual Induction Log Compensated Neutron/Density Log Micro Log Gamma Ray Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See Attachment
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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 Pipe	12 1/4	8 5/8	23	383.23	Common	200	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	4285	ASC	150	2%Gel
		DV Tool @		1878	60/40Poz	450	6%GelW/1/4#CF

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 checked="" type="checkbox"/> Plug Off Zone	3761-65	Standard	150	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		
	See Attachment				

TUBING RECORD		Size <u>2 7/8"</u>	Set At <u>4254</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
<u>9/2/07</u>		<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 Bbbls. <u>76 1/2</u>	Gas Mcf	Water Bbbls. <u>13 1/2</u>	Gas-Oil Ratio	Gravity <u>37.5</u>

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 _____

Roderick #7, NW NE SE, 28-15-27, Gove County, Kansas

Shots Per Ft.	Perforation Record	Acid	Depth
4	3967-69	250 Gal. 15% MCA	3967-69
4	3932-35	250 Gal. 15% MCA	3932-35
4	3911-14	250 Gal. 15% MCA	3911-14
4	3888-90	500 Gal. 15% MCA	(3888-90
4	3879-83		(3879-83
4	3761-65	250 Gal. 15% MCA	3761-65
		1000 Gal. 15% NE FE	3967-69
		1000 Gal. 15% NE FE	(3932-35
			(3911-14
		1000 Gal. 15% NE FE	(3888-90
			(3879-83
		1000 Gal. 15% NE FE	3761-65

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WICHITA KS

Roderick #7 - NW NE SE, 28-15-27, Gove County

Sample Tops:

Anhydrite	1884 (+669)
B/Anhydrite	1921 (+532)
Topeka Ls.	3392 (-939)
Heebner Sh.	3636 (-1183)
Toronto Ls.	3657 (-1204)
Lansing Gp.	3673 (-1220)
LKC 'B'	3690 (-1238)
LKC 'D'	3726 (-1273)
LKC 'E'	3758 (-1305)
LKC 'F'	3773 (-1319)
LKC 'G'	3789 (-1336)
Muncie Cr. Sh.	3830 (-1377)
LKC 'H'	3843 (-1390)
LKC 'I'	3866 (-1413)
LKC 'J'	3903 (-1450)
Stark Sh.	3922 (-1469)
LKC 'K'	3929 (-1476)
Hushpuckney Sh.	3953 (-1500)
LKC 'L'	3962 (-1509)
BKC	3978 (-1525)
Marmaton Gp.	4004 (-1551)
Pawnee Ls.	4075 (-1622)
Ft. Scott Ls.	4170 (-1717)
Cherokee Gp.	4195 (-1742)
Mississippian	4265 (-1812)
RTD	4313

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CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC. 23917

Federal Tax I.D.#

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

SERVICE POINT:
At Board

DATE <u>5-28-07</u>	SEC. <u>8</u>	TWP. <u>15</u>	RANGE <u>27</u>	CALLED OUT <u>2:15AM</u>	ON LOCATION <u>6:30AM</u>	JOB START <u>10:00AM</u>	JOB FINISH <u>11:00AM</u>
<u>Roderick</u> LEASE	WELL # <u>7</u>	LOCATION <u>Pandemonio E.S. 5 1/2 W 1/4 E 120</u>		COUNTY <u>Moore</u>	STATE <u>KS</u>		

OLD OR NEW (Circle one)

CONTRACTOR Discovery Drilling #1

TYPE OF JOB 2-Stage Bottom

HOLE SIZE 7 7/8 T.D. 4313

CASING SIZE 5 1/2 DEPTH 4285

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 800 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 18 2/8

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 103

EQUIPMENT

PUMP TRUCK CEMENTER J. Weighman

181 HELPER Randy

BULK TRUCK _____

341 DRIVER Steve

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

New 14"
circ 5 1/2 cas w/ reg pump, mix
500 gal ASF, cement, 5 1/2 cas, wash
up, Disp plug 103 Bbl. Land
plug 800#, Released. Helal

Thanks

CHARGE TO: OG Hansen Trust

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER _____

CEMENT AMOUNT ORDERED _____

150 gal ASF 2 1/2 gal

500 gal ASF

COMMON _____ @ _____

POZMIX _____ @ _____

GEL 3 @ 16.65 49.95

CHLORIDE _____ @ _____

ASC 150 @ 13.75 2062.50

_____ @ _____

ASF 500 @ 1.00 500.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING 153 @ 1.90 290.70

MILEAGE 42.9.153 @ _____ 578.34

TOTAL 3481.49

SERVICE

DEPTH OF JOB 4285

PUMP TRUCK CHARGE _____ 1675.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 42 @ 6.00 252.00

MANIFOLD _____ @ _____

head rent @ _____ 100.00

_____ @ _____

TOTAL 3027.00

PLUG & FLOAT EQUIPMENT

1-5/8 Hude shoe @ 170.00

1- AFU @ 260.00

12- Baskets @ 165.00

7- Centerlines @ 500 350.00

1- DV Tool @ 4000.00

TOTAL 4945.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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.

SIGNATURE Jerry Short

PRINTED NAME

ALLIED CEMENTING CO., INC. 23918

Federal Tax I.D.#

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

SERVICE POINT:

At Band

DATE <u>5-28-07</u>	SEC. <u>8</u>	TWP. <u>15</u>	RANGE <u>27</u>	CALLED OUT	ON LOCATION <u>6:30 AM</u>	JOB START <u>11:00 AM</u>	JOB FINISH <u>12:30 PM</u>
Roderick LEASE	WELL # <u>7</u>	LOCATION <u>Pandemonia 1/2 E 5 1/2 N 1/4 E 1/2 S.</u>			COUNTY <u>Howe</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Discovery Drilling #1

TYPE OF JOB 2-Stage Top

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2 DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL DV DEPTH 1878

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT 103 48 1/4

EQUIPMENT

PUMP TRUCK CEMENTER Andrews

181 HELPER Randy

BULK TRUCK

344 DRIVER David

BULK TRUCK

_____ DRIVER _____

REMARKS:

Open tool 400'

Drop Bomb, Plug RH + MH, mix

450s cement, do this cement, when

done mixing cement, drop 100' over

drop, did not land Plug

shut in 500'

cut GAC

CHARGE TO: D.G. Hansen Trust

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER _____

CEMENT

AMOUNT ORDERED

450 6 3/4 6 1/2 # 1/4 # 7 lb seal per sq.

COMMON	<u>270</u>	@	<u>11.10</u>	<u>2997.00</u>
POZMIX	<u>180</u>	@	<u>6.20</u>	<u>1116.00</u>
GEL	<u>27</u>	@	<u>16.65</u>	<u>449.55</u>
CHLORIDE		@		
ASC		@		
<u>Ploseal 113</u>		@	<u>2.00</u>	<u>226.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>481</u>	@	<u>1.90</u>	<u>913.90</u>
MILEAGE	<u>42.9.481</u>			<u>1818.18</u>
TOTAL				<u>7520.63</u>

SERVICE

DEPTH OF JOB 1878

PUMP TRUCK CHARGE 955.00

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

@ _____

@ _____

TOTAL 955.00

PLUG & FLOAT EQUIPMENT

@ _____

@ _____

@ _____

@ _____

@ _____

TOTAL _____

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.

SIGNATURE Jy Short

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____

ALLIED CEMENTING CO., INC.

30389

Federal Tax I.D.#

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

SERVICE POINT *Great Bend
Ks*

DATE <i>5-17-07</i>	SEC. <i>8</i>	TWP. <i>15</i>	RANGE <i>27</i>	CALLED OFF <i>2 pm</i>	ON LOCATION <i>6 pm</i>	JOB START <i>8 pm</i>	JOB FINISH <i>1 pm</i>
LEASEE <i>Roderick</i>		WELL # <i>7</i>	LOCATION <i>Pendennis NE 5N</i>		COUNTY <i>Morr</i>	STATE <i>K.S.</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR *Discovery Rig 1*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/2* T.D. *384 #*

CASING SIZE *8 1/2* DEPTH *383 #*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *15 #*

PERFS.

DISPLACEMENT *23 bbl*

OWNER _____

CEMENT AMOUNT ORDERED *200 sk Common
32 cc 2 gal*

EQUIPMENT

PUMP TRUCK # *181* CEMENTER *Mike M.*
HELPER *Randy P.*

BULK TRUCK # *342* DRIVER *David G.*

BULK TRUCK # DRIVER

COMMON	<i>200</i>	@	<i>11.10</i>	<i>2220.00</i>
POZMIX		@		
GEL	<i>4</i>	@	<i>16.65</i>	<i>66.60</i>
CHLORIDE	<i>6</i>	@	<i>46.60</i>	<i>279.60</i>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>210</i>	@	<i>1.90</i>	<i>399.00</i>
MILEAGE	<i>40.9</i>	<i>210</i>		<i>756.00</i>
			TOTAL	<i>3721.20</i>

REMARKS:

Circulate Hole with Rig mud Pump, mix cement + Release Plug Displace plug Down with water

Cement did circulate to surface

SERVICE

DEPTH OF JOB	<i>383 #</i>		
PUMP TRUCK CHARGE			<i>815.00</i>
EXTRA FOOTAGE	<i>83</i>	@	<i>165</i> <i>53.95</i>
MILEAGE	<i>40</i>	@	<i>6.00</i> <i>240.00</i>
MANIFOLD	<i>headrent</i>	@	<i>100.00</i>
		@	
			TOTAL <i>1208.95</i>

CHARGE TO: *D.M. Hansen Trust*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>8 5/8 wood</i>			<i>60.00</i>
	@		
	@		
	@		
	@		
			TOTAL <i>60.00</i>

Thank you

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

CLIFF MAYFIELD
PRINTED NAME

SIGNATURE *Cliff Mayfield*

Jeffrey Short



CHARGE TO: **D. G. HANSEN TRUST**
 ADDRESS:
 CITY, STATE, ZIP CODE:

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 CONSERVATION DIVISION
 WICHITA, KS

TICKET No 12675

PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS COY, KS	WELL/PROJECT NO. # 7	LEASE RODERICK	COUNTY/PARISH GOVE	STATE Ks	CITY	DATE 8-17-07	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR PLAINS WELL SERVICE	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE Oil	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 3761-65 SQUEEZE PERFS	WELL PERMIT NO.	WELL LOCATION PEWEEWYS, KS - S 1/2 N, E 2ND		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	55		ME		4.00	220.00
578		1			PUMP SERVICE	1	JOB		3761 FT	1250.00	1250.00
288		1			SACK SAND	2		SKS		25.00	50.00
325		1			STANDARD COMWT	150		SKS		12.00	1800.00
278		1			CALCIUM CHLORIDE	0		SKS		40.00	—
290		1			DADR	1		GAL		32.00	32.00
581		1			SERVICE CHARGE COMWT	250		SKS		1.10	275.00
583		1			DRAVAGE	23660	lbs		650.65/TM	1.00	650.65

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED: **8-17-07** TIME SIGNED: **0800**
 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	4277.65
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?				Gove TAX 7.05%	132.68
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	4410.33
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR
Wayne Watson

APPROVAL
Jay 10

Thank You!