

**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 # 6039
Name: L. D. DRILLING, INC.
Address: 7 SW 26 AVE.
City/State/Zip: GREAT BEND, KANSAS 67530
Purchaser: _____
Operator Contact Person: L. D. DAVIS
Phone: (620) 793-3051
Contractor: Name: SOUTHWIND DRILLING, INC.
License: 33350
Wellsite Geologist: KIM SHOEMAKER

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW ____ 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. _____
04/18/05 04/24/05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 185-23313-00-00
County: STAFFORD
E/2 SW SE Sec. 15 Twp. 22 S. R. 14 East West
660 feet from S / N (circle one) Line of Section
1650 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: MORTON Well #: 1
Field Name: OSCAR WEST POOL
Producing Formation: _____
Elevation: Ground: 1933' Kelly Bushing: 1942'
Total Depth: 3863' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 310 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 cmt.

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Drilling Fluid Management Plan A171 NCR 7-25-08
(Data must be collected from the Reserve Pit)
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.: _____

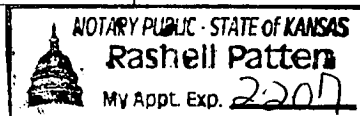
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Bessie Deubert
Title: SECRETARY/TREASURER Date: MAY 20, 2005
Subscribed and sworn to before me this 20 day of May,
20 05.
Notary Public: Rashell Patten Rashell Patten
Date Commission Expires: 02-02-07

KCC Office Use ONLY

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





TREATMENT REPORT

Customer ID L.D. DRILLING INC		Date 4-18-05	
Customer L.D. DRILLING INC			
Lease MORTON		Lease No.	Well # 1
Field Order # 10182	Station PRATT	Casing 8 5/8	Depth 290
Type Job CEMENT SURFACE NEW WELL		Formation	County STAFFORD
			State KS
			Legal Description 15-225-14W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/FT		Acid 325 SKS 60/40 P02	RATE	PRESS	ISIP	
Depth 290	Depth	From	To	Pre Pad 2% BENGLU 3% CL	Max		5 Min.	
Volume 18.4	Volume	From	To	Pad 26% CELLULOSE	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To	Flush FRESH WATER	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To		Gas Volume		Total Load	

Customer Representative DARYL KRIER	Station Manager DAVE AUBRY	Treater MIKE McGUIRE
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Service Units	109	380	457	347	576
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					CALLED OUT
2:30					ON LOCATION / SAFETY MET
00:15					RIG RAN CASING
00:25					HOOK UP TO CASING W/ RIG CIRCULATED
00:26					HOOK UP TO PUMP TRUCK
00:26					START MIXING CEMENT 225 SKS 60/40 P02 @ 147
00:45	200		72	5	SHUT DOWN / RELEASE PLUG
00:52	-		0	-	START DISPLACEMENT
	200		13 1/2	5	SHUT DOWN WAIT 10 MINUTES
01:02					FINISH DISPLACEMENT
01:06	200		18 1/2	1	SHUT DOWN / JOB COMPLETE
					CIRCULATED CEMENT TO PIT 25 SKS

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THANK YOU
MIKE



INVOICE NO.
Date 4-25-05
Customer ID

Subject to Correction
Lease Morton
County Stafford

FIELD ORDER 10064 ✓
Well # 1
Legal 15-22S-14W
State KS
Station Pratt

CHARGE

L.D. Drilling, Incorporated

Depth Formation Shoe Joint
Casing 4 1/2" D.P. Casing Depth TD Job Type Cement- P.T.A.- New Well
Customer Representative Daryl Krier Treater Clarence R. Messick

AFE Number PO Number Materials Received by X Daryl Krier

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D-203	135 sk.	60/40 Poz (common)		=		
C-320	468 lb.	Cement Gel		-		
E-100	40 mi.	Heavy Vehicle Mileage	1-Way			
E-101	40 mi.	Pickup Mileage	1-Way			
E-104	234 tm.	Bulk Delivery				
E-107	135 sk.	Cement Service Charge				
R-400	1 ea.	Cement Pumper, Plug and Abandon				
Discounted Price =				\$ 2,282.44		
Plus taxes						

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10244 NE Hiway 61 · P.O. Box 8613 · Pratt, KS 67124-8613 · Phone (620) 672-1201 · Fax (620) 672-5383 **TOTAL**



TREATMENT REPORT

Customer ID		Date	
Customer L.D. Drilling, Incorporated		4-25-05	
Lease Morton		Lease No.	Well # 1

Field Order # 10064	Station Pratt	Casing, h 4 1/2 D.P.	Depth	County Stafford	State KS.
Type Job Cement-Plug to Abandon			Formation	Legal Description 15-22S-14W	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size 4 1/2 D.P.	Tubing Size	Shots/Ft		Cement		RATE	PRESS
Depth	Depth	From	To	135 sacks 60/40 Poz (common) with 6% Gel		ISIP	
Volume	Volume	From	To	13.3 #/Gal., 8.09 Gal/stk., 1.59 cu. ft./stk.		Max	5 Min.
Max Press	Max Press	From	To			Min	10 Min.
Well Connection	Annulus Vol.	From	To			Avg	15 Min.
Plug Depth	Packer Depth	From	To	Flush		HHP Used	Annulus Pressure
		From	To			Gas Volume	Total Load

Customer Representative Daryl Krier	Station Manager Dave Autry	Treater Clarence R. Messick
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Service Units	119	226	346	571
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
4:00	A.M.				Truck on location and hold safety meeting 1 st Plug 50 sacks 860'
4:45		200		5	Start H ₂ O Pre-Flush
		200	15	5	Start mix 50 sacks cement
		200	29	5	Start Displacement
4:55		Vacuum	35		Stop pumping 2 nd Plug 50 sacks at 340'
5:18		150		5	Start H ₂ O Pre-Flush
		150	5	5	Start mix cement
		150	19	5	Start Displacement
5:24		Vacuum	20		Stop pumping 3 rd Plug 10 sacks at 40'
6:00				3	Start mix cement. circulate cement to surface
6:05			4	2	Plug rat hole
6:10			3	2	Plug mouse hole
6:30					Wash up pump truck Job Complete Thanks Clarence R. Messick

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