

**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 # 32639
Name: CORAL PRODUCTION CORP.
Address: 1600 STOUT ST, SUITE 1500
City/State/Zip: DENVER, CO 80202
Purchaser: N/A
Operator Contact Person: JIM WEBER
Phone: (303) 623-3573
Contractor: Name: DISCOVERY DRILLING CO., INC.
License: 31548
Wellsite Geologist: TIM LAUER

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. _____

<u>3/15/05</u>	<u>3/22/05</u>	<u>3/23/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23293-00-00
County: STAFFORD
_____ ^{SW} SW _____ ^{SE} SE _____ ^{NE} NE Sec. 25 Twp. 21 S. R. 14 East West
2310 feet from S / N (circle one) Line of Section
1050 feet from E / W (circle one) Line of Section

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Percentages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: PETERS Well #: 1
Field Name: WILDCAT
Producing Formation: N/A
Elevation: Ground: 1918 Kelly Bushing: 1926
Total Depth: 3766 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 365.55 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.

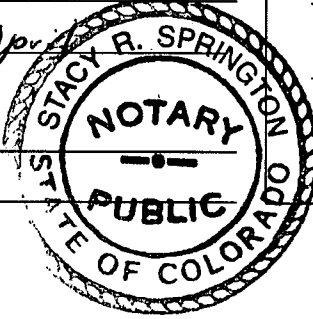
Drilling Fluid Management Plan P+A ncr 7-22-08
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 320 bbls
Dewatering method used HAUL FREE FLUID
Location of fluid disposal if hauled offsite:
Operator Name: JOHN J. DARAH
Lease Name: ANSHUTZ #2 SWD License No.: 5088
Quarter NE Sec. 15 Twp. 21 S. R. 14 East West
County: STAFFORD Docket No.: D-17839

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: J.R. Weber
Title: PRESIDENT Date: 4/7/05

Subscribed and sworn to before me this 7th day of April
2005.
Notary Public: Stacy R. Springton
Date Commission Expires: 2/1/2009



KCC Office Use ONLY

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

ORIGINAL

Operator Name: CORAL PRODUCTION CORP. Lease Name: PETERS Well #: 1
 Sec. 25 Twp. 21 S. R. 14 East West County: STAFFORD

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

RAADIATION GUARD LOG 3758'-SURFACE

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
HEEBNER	3264	-1338
TORONTO	3284	-1358
LANSING	3397	-1471
BKC	3622	-1696
ARBUCKLE	3754	-1828
TD	3758	-1832

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"	23	365.55'	COMM	300	3% CC, 2% GEL

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
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TUBING RECORD		Size	Set At	Packer At	Liner Run
P & A					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd 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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

ORIGINAL

ALLIED CEMENTING CO., INC. 20650

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

SERVICE POINT: Great Bend

DATE <u>3-15-05</u>	SEC. <u>25</u>	TWP. <u>21</u>	RANGE <u>14w</u>	CALLED OUT <u>9:00 pm</u>	ON LOCATION <u>12:30 pm</u>	JOB START <u>11:30 pm</u>	JOB FINISH <u>12 AM</u>
LEASE <u>Peters</u>	WELL # <u>#1</u>	LOCATION <u>Seward 1/2 west</u>			COUNTY <u>Stafford</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>1 1/2 north - west into</u>				

CONTRACTOR Discovery

TYPE OF JOB Surface Pipe

HOLE SIZE 12 1/4 T.D. 366

CASING SIZE 8 5/8 DEPTH 365'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. approx 15'

PERFS. _____

DISPLACEMENT 22 1/2 B.B.15

OWNER Coral Productions

CEMENT

AMOUNT ORDERED 300 ox Common
290 ck + 290 gel

COMMON	<u>300 ox</u>	@	<u>8.30</u>	<u>2490.00</u>
POZMIX		@		
GEL	<u>6 ox</u>	@	<u>13.00</u>	<u>78.00</u>
CHLORIDE	<u>9 ox</u>	@	<u>36.00</u>	<u>324.00</u>
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER Jack

120 HELPER T.D.

BULK TRUCK

344 DRIVER Ricky

BULK TRUCK

_____ DRIVER _____

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HANDLING	<u>315 ox</u>	@	<u>1.50</u>	<u>472.50</u>
MILEAGE	<u>315 ox SS</u>	@	<u>14</u>	<u>242.62</u>
TOTAL				<u>3607.12</u>

REMARKS:

Run 9 1/2 of 8 5/8 casing cement with
300 ox cement. Displace plug with
22 1/2 B.B.15 of fresh water.
Cement Did Circ

Thanks

CHARGE TO: Coral Productions

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>365'</u>			
PUMP TRUCK CHARGE				<u>625.00</u>
EXTRA FOOTAGE	<u>65</u>	@	<u>53</u>	<u>35.75</u>
MILEAGE	<u>14</u>	@	<u>4.50</u>	<u>63.00</u>
MANIFOLD		@		
TOTAL				<u>723.75</u>

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 Wood</u>	@	<u>55.00</u>	<u>55.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>55.00</u>			

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 Thomas AL

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Thomas ALM

