

**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 # 33233
Name: Heartland Oil & Gas Corporation
Address: 2515 East Logan
City/State/Zip: Ottawa, KS 66067
Purchaser: _____
Operator Contact Person: Steve Littell
Phone: (785) 242.6875
Contractor: Name: R. S. Glaze Drilling
License: 5885
Wellsite Geologist: _____

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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. _____
02-04-05 02-09-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-27988-00-00
County: Miami *Aprx. 58' + 23' W of*
E/2 E/2 SE Sec. 06 Twp. 18 S. R. 24 East West
1378 feet from (S) / N (circle one) Line of Section
353 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Peckman Well #: 43-6
Field Name: Peckman
Producing Formation: Coal / Shale
Elevation: Ground: 967' Kelly Bushing: _____
Total Depth: 940' Plug Back Total Depth: 937'
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 937
feet depth to surface w/ 146 sx cmt.

Drilling Fluid Management Plan *AH II NCR 7-18-08*
(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: Heartland Oil & Gas Corporation
Lease Name: Peckman 32-7 WD License No.: 33233
Quarter NE Sec. 7S Twp. 18 S. R. 24 East West
County: Miami Docket No.: D28279

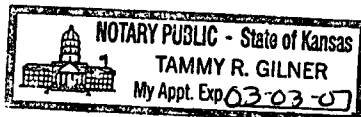
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Steve Littell
Title: District Supervisor Date: 04-01-05
Subscribed and sworn to before me this 01 day of April
20 05
Notary Public: Tammy R Gilner
Date Commission Expires: 03-03-07

KCC Office Use ONLY

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



Operator Name: Heartland Oil & Gas Corporation Lease Name: Peckman Well #: 43-6
 Sec. 06 Twp. 18 S. R. 24 East West County: Miami

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Dual Induction Log Compensated Neutron/Density Log				

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 1/2"	8 5/8"	24	21'	Portland	8	
Production	7 7/8"	5 1/2"	15.5	937'	OWC	146	10# kol-seal

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 <i>(Amount and Kind of Material Used)</i>	Depth

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TUBING RECORD		Size	Set At	Packer At	Liner Run		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr.			Producing Method				
			<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other *(Specify)*

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 1981

LOCATION Ottawa KS

FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-9-05	3576	Peckman #43-6	6	18	24	M
CUSTOMER <u>Heartland Oil & Gas</u>						
MAILING ADDRESS <u>2515 Logan</u>						
CITY <u>Ottawa</u>		STATE <u>KS</u>	ZIP CODE <u>66067</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>372</u>	<u>F. Mader</u>	<u>195</u>	<u>J. Gooding</u>	
		<u>368</u>	<u>R. Arb</u>		<u>R. Fisher</u>	
		<u>369</u>	<u>H. Bechtel</u>			
		<u>370</u>	<u>J. Polider</u>			

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 940' CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 937' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 22.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish Circulation. Mix Pump 20 BBL Soap Flush (ESA-41)
Pump 16.3 BBL Telltale Dye. Follow w/ 146 sk OWC with
10# Nol Seal, 1/2# Flo Seal per sk. Flush pump clean. Displace
Rubber Plug to casing TD w/ 22.3 BBL Fresh KCL Water
Pressure to 300#, Release pressure on casing to set
Float Valve. Check plug depth w/ measuring l.no. 0

Company Rep: Bob Fiehler Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		710.00
5406	35	MILEAGE		82.25
5407	Minimum	Ton Mileage		225.00
5502C	7 hrs	80 Vac. - <u>2</u> trucks.		546.00
1126	131	OWC Cement		1552.35
1110A	29 sk	Nol Seal		456.75
1107	3 sk	Flo Seal		120.00
4406	1	5 1/2" Rubber Plug		40.00
4158	1	5 1/2" Flapper <u>SKCC WICHITA</u>		157.00
4130	3	5 1/2" Centralizers		84.00
1205	1 Gal	Super. 5.104		23.65
1238	1 Gal	ESA-41		31.50
1215	2 Gal	KCL Substitue		46.20
			SALES TAX <u>6.55%</u>	157.86
			ESTIMATED TOTAL	4232.56

AUTHORIZATION _____ TITLE _____ DATE _____