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JUN - 3 2005

KCC WICHITA

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 # 33335
 Name: IA Operating, Inc.
 Address: 900 N Tyler Road #14
 City/State/Zip: Wichita, KS 67212
 Purchaser: _____
 Operator Contact Person: Hal Porter
 Phone: (316) 721-0036
 Contractor: Name: Murfin Drilling Co., Inc.
 License: 30606
 Wellsite Geologist: Randall Kilian
 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. _____
 5/13/05 5/19/05 5/19/05
 Spud Date or 5/19/05 5/19/05
 Recompletion Date Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 051-25410-22-22
 County: Ellis
 W/2 SW SE Sec. 6 Twp. 13 S. R. 16 East West
610 feet from S / N (circle one) Line of Section
2200 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Connie Well #: 6-3
 Field Name: Emmeran Townsite
 Producing Formation: Dry Hole
 Elevation: Ground: 2004' Kelly Bushing: 2009'
 Total Depth: 3693' Plug Back Total Depth: 3490'
 Amount of Surface Pipe Set and Cemented at 1169 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/ PTA _____ sx cmt.
 Drilling Fluid Management Plan AH 1 NCR 8-5-08
 (Data must be collected from the Reserve Pit)
 Chloride content 61,000 ppm Fluid volume 400 bbls
 Dewatering method used Evaporation/Backfill
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

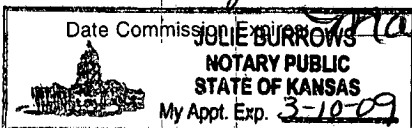
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Hal Porter
 Title: President Date: 6/2/05
 Subscribed and sworn to before me this 2 day of June
2005
 Notary Public: Julie Burrows

KCC Office Use ONLY

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



Operator Name: IA Operating, Inc. Lease Name: Connie Well #: 6-3
 Sec. 6 Twp. 13 S. R. 16 East West County: Ellis

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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Anhydrite	1164' +845
	Topeka	2961' -952
	Heebner Shale	3204 -1195
	Toronto	3224' -1215
	Lansing	3254' -1245
	Arbuckle	3519' -1510
	Total Depth	3693' -1684

Geologist Well Report, Micro Log, Dual Induction Log, Compensated Density/Neutron 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 1/4"	8 5/8"	23#	1169'	60/40 Poz	450	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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3490'	60/40 Poz	210	60/40 Poz, 6% gel w 1/4 flo

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
					<input type="checkbox"/> Yes <input 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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled

ALLIED CEMENTING CO., INC.

16640

Federal Tax I.D.

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

SERVICE POINT:

Russell

DATE <i>5/19/05</i>	SEC. <i>6</i>	TWP. <i>13</i>	RANGE <i>11</i>	CALLED OUT <i>2:00 pm.</i>	ON LOCATION <i>3:00 pm.</i>	JOB START <i>3:15 pm</i>	JOB FINISH <i>6:15</i>
LEASE <i>Comie</i>		WELL # <i>6-3</i>	LOCATION <i>Victoria N to End</i>		COUNTY <i>Ellis</i>	STATE <i>Ks.</i>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<i>Black top 1 N 1/2 E N into</i>				

CONTRACTOR *Murfin #16*

TYPE OF JOB *Plugging Job*

HOLE SIZE _____ T.D. *36 93*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *210 6/40 6 9/64*

COMMON	<i>126</i>	@	<i>870</i>	<i>109620</i>
POZMIX	<i>84</i>	@	<i>470</i>	<i>39480</i>
GEL	<i>10</i>	@	<i>1400</i>	<i>14000</i>
CHLORIDE		@		
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>220</i>	@	<i>160</i>	<i>35200</i>
MILEAGE	<i>64 / 4 / MILE</i>			<i>26400</i>
			TOTAL	<i>224700</i>

EQUIPMENT

PUMP TRUCK # *366* CEMENTER *Shane*
HELPER *Mark*

BULK TRUCK # *396* DRIVER *Fred*

BULK TRUCK # _____ DRIVER _____

REMARKS:

Ans: 3990 - 25 sks
1225 - 50 sks
800 - 100 sks
40 - 10 sks
10 - Mouse
15 - Rat

CHARGE TO: *I. A. Operating Inc.*

STREET _____

CITY _____ STATE _____ ZIP _____

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 *Andy Dinkel*

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SERVICE

DEPTH OF JOB _____				
PUMP TRUCK CHARGE _____				<i>78500</i>
EXTRA FOOTAGE _____	@			
MILEAGE <i>20</i>	@	<i>500</i>		<i>10000</i>
	@			
	@			
	@			
			TOTAL	<i>88500</i>

MANIFOLD _____	@			
<i>Dry Hole Plug</i>	@			<i>3500</i>
	@			
	@			
	@			
			TOTAL	<i>3500</i>

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

Andy Dinkel
PRINTED NAME

