

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32953
Name: ANR PIPELINE COMPANY
Address: 2135 11TH ROAD
City/State/Zip: ALDEN, KS. 67512
Purchaser: _____
Operator Contact Person: GARY GOAD
Phone: (620) 534-4400
Contractor: Name: TYLER WATER WELL SERVICE
License: 473 38245 RTK

Wellsite Geologist: _____
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. _____
9/25/06 9/27/06 9/27/06
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - ~~Water District #5 CPB-06-01~~ 15-097-21600-00-00
County: KIOWA
SE SW SW Sec. 14 Twp. 27 S. R. 18 East West
170 feet from S / N (circle one) Line of Section
4550 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: M.P. 148.5 Well #: 1
Field Name: TRUNK 100
Producing Formation: _____
Elevation: Ground: 2170 Kelly Bushing: _____
Total Depth: 345 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 240 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from Surface
feet depth to 240 w/ 178 113-Dig-6/17/09 ^{sx cmt.}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 200 bbls
Dewatering method used VACUUM OFF LIQUIDS
Location of fluid disposal if hauled offsite:
Operator Name: Greensburg Oil Field Service (Rick @ 620-723-2112)
Lease Name: SCHMIDT POND License No.: _____
Quarter _____ Sec. 5 Twp. 29 S. R. 18 East West
County: KIOWA 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: Gary Goad
Title: AREA MANAGER Date: 11/27/06
Subscribed and sworn to before me this 27 day of November,
2006.
Notary Public: Kim V. Witt
Date Commission Expires: June 30, 2007

KIM V. WITT
Notary Public - State of Kansas
My Appt. Expires June 30, 2007

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____
RECEIVED
KANSAS CORPORATION COMMISSION
NOV 28 2006
CONSERVATION DIVISION
WICHITA, KS

Operator Name: ANR PIPELINE COMPANY Lease Name: M.P. 148.5 Well #: 1
 Sec. 14 Twp. 27 S. R. 18 East West County: KIOWA

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

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <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
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other <i>(Specify)</i>	_____ _____

INVOICE

Heft & Sons, LLC

PO Box 326
Greensburg, KS 67054
Phone: (620)-723-2495
Fax: (620)-723-2215

Invoice Number 4389

Invoice Date 9/28/2006

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SOLD CORRPRO COMPANIES, INC
TO 5750 S 116TH W AVE
SAND SPRINGS, OK 74063

ORDER DATE	9/25/2006	TERMS	DUE THE 10TH
PO NUMBER	311452	DUE DATE	10/10/2006
CUSTOMER ID	CORRPRO		

ITEM	ORDERED	SHIPPED	DESCRIPTION	PRICE	AMOUNT	TAX
BID JOB	16,000.0000	16,000.0000	BID JOB 16000 LB SLURRY MIX	.1000	1,600.00	Y
MI	6.0000	6.0000	PER YARD MILES	3.5000	21.00	Y

Handwritten notes:
 Net Total: 1,723.12
 Net: 1,637.91

Handwritten notes:
 PO = 311452

Handwritten notes:
 Type: _____

Handwritten notes:
 COS 4-7797

Handwritten notes:
 JH 10/6/06

KS SALES TAX 85.91
 KS-KW SALES TAX 16.21

TAXABLE	NONTAXABLE	FREIGHT	SALES TAX	MISC	TOTAL
1,621.00	.00	.00	102.12	.00	1,723.12
	.00			NET DUE	1,723.12

