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MAR 09 2006
KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 31119
 Name: Lone Wolf Oil Co.
 Address: Box 241
 City/State/Zip: Moline, Ks 67353
 Purchaser: _____
 Operator Contact Person: Rob Wolfe
 Phone: (620) 647-3626
 Contractor: Name: C & G Drilling
 License: 32701
 Wellsite Geologist: Tom Funk
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

1-2-06	1-4-06	1-5-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 019267060000
 County: Chautauqua
SE NW
 Sec. 11 Twp. 32 S. R. 9 East West
1650 feet from S / (circle one) Line of Section
1980 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Voigtlander A Well #: 6
 Field Name: Hylton
 Producing Formation: Mississippi
 Elevation: Ground: 1142 Kelly Bushing: 1149
 Total Depth: 2245 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 40 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/ P+A sx cmt.

Drilling Fluid Management Plan AH II NR
 (Data must be collected from the Reserve Pit) 10-22-08
 Chloride content 800 ppm Fluid volume 200 bbls
 Dewatering method used Evaporation
 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: Rob Wolfe
 Title: Owner Date: 2-8-06
 Subscribed and sworn to before me this 8th day of March
2006
 Notary Public: Lisa J. Townsley
 Date Commission Expires: 6-13-08

KCC Office Use ONLY

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

LISA J. TOWNSLEY
 Notary Public - State of Kansas
 My Appt. Expires

Operator Name: Lone Wolf Oil Co. Lease Name: Voigtlander A Well #: 6
 Sec. 11 Twp. 32 S. R. 9 East West County: Chautauqua

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" 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 <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Upper Layton</td> <td>1400</td> <td>-251</td> </tr> <tr> <td>Kansas City</td> <td>1500</td> <td>-351</td> </tr> <tr> <td>Ft. Scott</td> <td>1880</td> <td>-731</td> </tr> <tr> <td>Cherokee</td> <td>1920</td> <td>-771</td> </tr> <tr> <td>Miss Cht.</td> <td>2229</td> <td>-1080</td> </tr> <tr> <td>Miss Lime</td> <td>2238</td> <td>-1089</td> </tr> </table>	Name	Top	Datum	Upper Layton	1400	-251	Kansas City	1500	-351	Ft. Scott	1880	-731	Cherokee	1920	-771	Miss Cht.	2229	-1080	Miss Lime	2238	-1089
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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		40	Class A	35	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	2245	60/40 Poz Mix	15	4 % Gel
<input checked="" type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	1500	" " " "	15	" " "

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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

20-431-9210 OR 800-467-8676

KCC WICHITA

TICKET NUMBER 08052

LOCATION Eureka

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-06	47163	Wiglander A #6	11	32	9	CO
CUSTOMER Lone Wolf Oil Co.			C+G			
MAILING ADDRESS Box 241			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Moline			463	Alan		
STATE KS			479	Justin		
ZIP CODE 67353						

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 40' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 37' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL _____ WATER gal/sk 65" CEMENT LEFT in CASING 10'
 DISPLACEMENT 20bl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ 50bl Fresh Water. Mixed 35sks Regular Class "A" Cement w/ 2% Gel, 3% Cacl2 + 1/4" Flocc. Displaced w/ 20bl water. Shut casing in. Good Cement to surface.

Job Complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	40	MILEAGE	3.15	126.00
1104	35sks	Class "A" Cement	10.25	358.75
1118A	2sks	Gel 2%	7.00	14.00
1102	98 #	Cacl2 3%	.64	62.72
1107	1/2 sk	Floccle 1/4" #1/sk	44.90/sk	22.45
5407	1.6 Ton	Ton-Mileage Bulk Truck	m/c	275.00
Thank You!				
			Sub Total	1478.92
			6.37% SALES TAX	28.95
			ESTIMATED TOTAL	1507.76

201946

AUTHORIZATION Called by Cotton

TITLE

DATE

CONSOLIDATED OIL WELL SERVICES, INC.

TICKET NUMBER 08056

O. BOX 884, CHANUTE, KS 66720

LOCATION Eureka

0-431-9210 OR 800-467-8676

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
-5-06		Vaigtlander A #6	11	32	9	CG
CUSTOMER <u>Lone Wolf Oil Co.</u>		C+G	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 241</u>			<u>463</u>	<u>Alan</u>		
CITY <u>Moline</u>	STATE <u>Ks</u>		<u>439</u>	<u>Justin</u>		
ZIP CODE <u>67353</u>						

WELL TYPE P.T.A. New HOLE SIZE 7 7/8' HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 CEMENT WEIGHT 14# SLURRY VOL 39.286 WATER gal/sk 7.0 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Followed Aug Orders - 15sks @ Bottom
15sks @ 1500'
350' to surface
15sks in Rat hole.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1131	145sks	60/40 Poz-Mix Cement	8.40	1218.00
1118A	10sks	Gel 47 ₂	7.00	70.00
5407		Ton-Mileage Bulk Truck	m/c	275.00
		<u>Thank You!</u>	Sub Total	2489.00
		<u>6.3%</u>	SALES TAX	81.14
			ESTIMATED TOTAL	2570.14

201960

AUTHORIZATION Called by Rig. TITLE _____ DATE _____