

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 # 33453
Name: Stephen C. Jones
Address: 12 North Armstrong
City/State/Zip: Bixby, OK 74008
Purchaser: _____
Operator Contact Person: Stephen C. Jones
Phone: (918) 366-3710
Contractor: Name: KanDrill
License: 32548
Wellsite Geologist: George Peterson

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
 Gas ____ ENHR SIGW
____ Dry ____ Other (Core, WSW, Expi., 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. _____

1-19-2006 1-25-2008 2-15-2006

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 031221780000

County: Coffey

SE SE SW Sec. 17 Twp. 22 S. R. 14 East West

330 feet from (S) N (circle one) Line of Section

2310 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Lease Name: ESTHER OSBORNE Well #: 3A

Field Name: Wildcat

Producing Formation: Coal Seam

Elevation: Ground: 1180 Kelly Bushing: 1182

Total Depth: 1862 Plug Back Total Depth: 1840

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 1862

feet depth to Surface w/ 260 sx cmt.

Drilling Fluid Management Plan Air II NR
(Data must be collected from the Reserve Pit) 11-6-08

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. JUN 05 2006 West

County: _____ Docket No. _____

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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: Stephen C. Jones

Title: CEO Date: 5-30-06

Subscribed and sworn to before me this 30 day of MAY

20 06

Notary Public: [Signature] # 02013205

Date Commission Expires: SEPT 19, 2006

KCC Office Use ONLY

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

Side Two

Operator Name: Stephen C. Jones Lease Name: Ester Osborn Well #: 3A
 Sec. 17 Twp. 22 S. R. 14 East West County: Coffey

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Mississippian 1788

List All E. Logs Run:

Dual Induction
 Dual Compensated Porosity
 Gamma Ray Neutron

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	20#	40'	Class A	25	60# CA CL 2
Production	6-3/4"	4- 1/2"	10- 1/2 #	1840	60/40 Pozmax	150	50# Bentonite
					Thickset	110	50# Kolseal

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
4	1744-1747	500 Gal. 15%	1744
4	1761-1765	500 Gal. 15%	1761

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TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	1630		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumard Production, SWD or Enthr. Pending Producing Method Flowing Pumping Gas Lift 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 _____

Shut IN

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 08174

LOCATION Eureka

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-06	1041	Esther Osborne 3-A	17	22	14	Coffey
CUSTOMER <u>Armour Management</u>			TRUCK #			
MAILING ADDRESS <u>12 North Armstrong</u>			DRIVER			
CITY <u>Bixby</u>		STATE <u>OK</u>	ZIP CODE <u>74008</u>		TRUCK #	
			DRIVER			
			<u>463</u>			
			<u>479</u>			
			<u>Alan</u>			
			<u>Calin</u>			

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8" SLURRY VOL _____ WATER gal/sk 6.5" CEMENT LEFT in CASING 10'
 DISPLACEMENT 2.8bl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 Casing. Break Circulation w/ Fresh Water.
Mix 30sks Regular Class "A" Cement w/ 3% Cacl₂, 2% Gel @ 14.8" ^{Wt}
Displaced w/ 2.8bl Fresh Water. Shut Down. Close Casing in.
Good Cement to Surface.

Job Complete.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	620.00	620.00
5406	0 in am	MILEAGE	3.15	0
1104	30sks	Class "A" Cement	10.25	307.50
1102	85#	Cacl ₂ 3%	.64	54.40
1118A	1sk	Gel 2%	7.00	7.00
5407		Ton-Mileage Bulk Truck	7/c	150.00
		Thank You!		
			Sub Total	1138.90
			SALES TAX	19.55
			ESTIMATED TOTAL	1158.45

AUTHORIZATION Called by Donnie TITLE _____ DATE _____

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 (202) 431-9210 OR 800-467-8676

TICKET NUMBER 08178
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-26-06	1041	Esther Osborne 3-A	17	22	14	Coffey
CUSTOMER Armour Management			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 12 North Armstrong			463	Alan		
CITY Bixby		STATE OK	439	Rick P. L		
		ZIP CODE 74008	440	Larry T		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1862' CASING SIZE & WEIGHT 4 1/2" 11.6"
 CASING DEPTH 1852' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8-13.2 SLURRY VOL 76 Bbl WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 28.7 Bbl DISPLACEMENT PSI 700 PSI 1200 bump plug RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 15 Bbl Fresh Water. Mixed 150sks 60/40 Poz-mix Cement w/ 6% Gel + 1/2" Floccle @ 12.8 #/gal Tail in w/ 110sks Thickset Cement w/ 4" Kol-Seal @ 13.2 #/gal. Shut down. Wash out pump + lines. Released Plug. Displaced w/ 28.7 Bbl Fresh Water. Final pump pressure 700 PSI. Bump Plug to 1200 PSI. Wait 2mins. Released Pressure. Float Held. Good Cement Returns to Surface = 11 Bbl Slurry to Pit. Job Complete. Rig down.

Paid w/ 5% Discount - \$327.38
 Check #5354 Amount \$6220.24
 Ticket # 8178 + # 8174

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1131	150sks	60/40 Poz-mix Cement	8.40	1260.00
1118A	16sks	Gel 6% } Lead	7.00	112.00
1107	3sks	Floccle 1/2" #/sk	44.90	134.70
1126A	110sks	Thickset Cement	13.65	1501.50
1110A	9sks	Kol-Seal 4" #/sk	17.75	159.75
5407A	12.5 tons	Ton-Mileage Bulk Truck	1.05	525.00
4161	1	4 1/2" AFU Float Shoe	146.00	146.00
4103	2	4 1/2" Cement Baskets	135.00	270.00
4129	4	4 1/2" Centralizers	29.00	116.00
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
Thank You!			Sub Total	5190.95
			5.37% SALES TAX	198.23
			ESTIMATED TOTAL	5389.18

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202403

AUTHORIZATION Witnessed by Donnie TITLE _____ DATE _____