

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 # 32924
Name: Gilbert-Stewart Operating
Address: 1801 Broadway #450
City/State/Zip: Denver, CO 80202
Purchaser: NCRA
Operator Contact Person: Kent Gilbert
Phone: (303) 534-1686
Contractor: Name: Southwind Drilling
License: 33350
Wellsite Geologist: Jeff Zoeller

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. _____

April 13, 2006	April 21, 2006	May 2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 185-23349-00-00
County: Stafford
W/2 W/2 SE Sec. 34 Twp. 21 S. R. 13 East West
1330' FSL feet from (S) N (circle one) Line of Section
2180' FEL feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: RLS Well #: 4
Field Name: Gates

Producing Formation: Arbuckle
Elevation: Ground: 1881' Kelly Bushing: 1890'
Total Depth: 3780' Plug Back Total Depth: 3745'
Amount of Surface Pipe Set and Cemented at 325' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from TD (3780')
feet depth to 2750' w/ 175 1 1/2 inch cmt

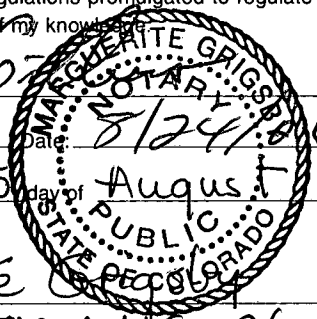
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 10,000 ppm Fluid volume 480 bbls
Dewatering method used Fresh water/ haul off
Location of fluid disposal if hauled offsite:
Operator Name: Bob's Oil Service
Lease Name: Sieker SWD License No.: 32408
Quarter _____ Sec. 35 Twp. 19s S. R. 11w East West
County: Barton Docket No.: 26,497

API-Dlg-11/20/08

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: Kent L Gilbert
Title: MANAGER
Subscribed and sworn to before me this 25 day of August
2006
Notary Public: Marquerite Griggs
Date Commission Expires: 06/12/2007



KCC Office Use ONLY

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

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Operator Name: Gilbert-Stewart Operating Lease Name: RLS Well #: 4
 Sec. 34 Twp. 21 S. R. 13 East West County: Stafford

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Topeka	2822'	-932
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3342'	-1449
List All E. Logs Run:		Arbuckle	3702'	-1812

DIL/ MR/ Porosity

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"	24#	325'	60/40 Poz	250	3%CaCl/2% Gel
Production	7 7/8"	5 1/2"	15.5#	3780'	50/50 Poz/60/40 Poz	175	CaCl/Gel/Salt

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
6 SPF	Perforate: 3703-3704.5'	250 gal/15% HCL	
6 SPF	Perforate: 3704-3706'	250 gal/15% Acetic	

TUBING RECORD		Size 2 7/8"	Set At 3720	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First Resumerd Production, SWD or Enhr. 7-30-06			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 10	Gas Mcf	Water Bbls. 40 Water to Gates A #5	Gas-Oil Ratio Disposal Well	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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TREATMENT REPORT

Customer	Gilbert Stewart Appr.		Lease No.			Date	4-22-06	
Lease	RLS		Well #	4				
Field Order #	Station	Casing	Depth	County	State			
12624	Pratt	5 1/2		Stafford	Ks.			
Type Job	5 1/2 L.S. New Well			Formation	Legal Description			
					34-215-13W			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	L.C.	Acid	25 sk. 60/w/oz	RATE	PRESS	ISIP
5 1/2				Pre Pad				5 Min.
Depth	Depth	From	To			Max		
3779								
Volume	Volume	From	To	Pre	150 sk. 50/oz	Min		10 Min.
90				Frac				
Max Press	Max Press	From	To			Avg		15 Min.
1500								
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
V.C.								
Plug Depth	Packer Depth	From	To	Flush	90 Bbl.	Gas Volume		Total Load
3779								

Customer Representative	Jeff Zoller		Station Manager	Dave Scott		Treater	Bobby Drake		
Service Units	123	305 402	347 501						
Driver Names	Drake	Fischer	Kelly						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:00					On location - Safety Meeting
3:45					Run Csg. - 90 ft. 5 1/2 15.5" - Cont. 1, 3, 5, 7, 9, 11, 13, 15
5:30					Csg. on bottom
5:45					Hookup to Csg. - Break Circ. w/ Rig
6:30	100	100	20	4.5	Soft Flush
6:35	150		5	5.0	H2O spacer
6:36	150		24	5.0	Super Flush II
6:41	150		5	5.0	H2O spacer
6:42	150		9.5	5.0	Mix Lead Cont. @ 12.0#/gal
6:44	200		51	5.0	Mix Tail Cont. @ 13.8#/gal
6:54					Clear Pump & Lines - Release Plug
6:56	100			7.0	start Displacement
7:06	300		64	6.8	Lift Pressure
7:10	1500		90		Plug Down
7:15			9		Plug Rat. & Mouse Hole
					Circulation Then Job
					Job Complete
					Thanks, Bobby

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ALLIED CEMENTING CO., INC.

24171

MAIL TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Dr Bend
4-14-06

DATE <i>4-13-06</i>	SEC. <i>34</i>	TWP. <i>21</i>	RANGE <i>13</i>	CALLED OUT <i>9:45PM</i>	ON LOCATION <i>11:15PM</i>	JOB START <i>12:00AM</i>	JOB FINISH <i>12:45AM</i>
LEASE <i>RLS</i>	WELL # <i>4</i>	LOCATION <i>281 + K-19 1N 2E N/into</i>			COUNTY <i>Stafford</i>	STATE <i>Ka</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Southernwind #2*

OWNER *Same*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *325'*

CASING SIZE *8 5/8 (New 2 3/4)* DEPTH *324'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15'*

PERFS. _____

DISPLACEMENT *19 3/4 bbls*

EQUIPMENT

PUMP TRUCK CEMENTER *Tom D*

181 HELPER *Rick H*

BULK TRUCK _____

342 DRIVER *Brendan R*

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

*Ran 324' of 8 5/8" cas. Break circulation
Mixed 250 lbs 60/40 390cc 290 gal
Released Plug. Replaced with fresh
1920
Cement And Circulate*

CEMENT

AMOUNT ORDERED *250 lbs 60/40 390cc*

290 gal

COMMON *150* @ *9.60* *1440.00*

POZMIX *100* @ *5.20* *520.00*

GEL *5* @ *15.00* *75.00*

CHLORIDE *8* @ *42.00* *336.00*

ASC @ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

@ _____

HANDLING *253* @ *1.70* *447.10*

MILEAGE *263.7.10* min. *200.00*

TOTAL *3018.10*

SERVICE

DEPTH OF JOB *324'*

PUMP TRUCK CHARGE _____ *735.00*

EXTRA FOOTAGE *24.00* @ *0.60* *14.40*

MILEAGE *10* @ *5.00* *50.00*

MANIFOLD @ _____

@ _____

@ _____

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TOTAL *799.40*

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PLUG & FLOAT EQUIPMENT

1-8 5/8 wooden @ _____ *55.00*

@ _____

@ _____

@ _____

@ _____

TOTAL *55.00*

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

CHARGE TO: *Gilbert & Stewart Operating*

STREET _____

CITY _____ STATE _____ ZIP _____

[Signature]

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

[Signature]

SIGNATURE

[Signature]
LEBOYNE RESNER
PRINTED NAME