

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 30717
Name: DOWNING-NELSON OIL COMPANY, INC
Address: PO BOX 372
City/State/Zip: HAYS, KS 67601
Purchaser: _____
Operator Contact Person: RON NELSON
Phone: (785) 621-2610
Contractor: Name: DISCOVERY DRILLING CO., INC.
License: 31548

Wellsite Geologist: RON NELSON
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. _____

<u>09/9/05</u>	<u>09/17/05</u>	<u>09/18/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25,439-00-00
County: ELLIS
60'S SW NW SW Sec. 10 Twp. 14 S. R. 16 East West
1590 feet from (S) N (circle one) Line of Section
330 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: GOETZ Well #: 1-10
Field Name: WILDCAT

Producing Formation: ARBUCKLE
Elevation: Ground: 1912 Kelly Bushing: 1928
Total Depth: 3753 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 222.71 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 992 Feet
If Alternate II completion, cement circulated from 992
feet depth to SURFACE w/ 125 sx cmt.

Drilling Fluid Management Plan AII II ncr
(Data must be collected from the Reserve Pit) 9-4-08
Chloride content 13,000 ppm Fluid volume 300 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.: _____

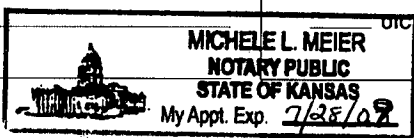
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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 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: [Signature]
Title: VP Date: 10-9-05
Subscribed and sworn to before me this 9 day of November,
2005.
Notary Public: Michele L Meier
Date Commission Expires: 7/28/09

KCC Office Use ONLY
NO Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
Distribution



X

Operator Name: DOWNING-NELSON OIL COMPANY, INC Lease Name: GOETZ Well #: 1-10
 Sec. 10 Twp. 14 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 <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: MICRO, SONIC, DUAL INSUCTION & COMPENSATED DENSITY/NEUTON	<input checked="" 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>TOP ANHYDRITE</td> <td>1019</td> <td>+910</td> </tr> <tr> <td>BASE ANHYDRITE</td> <td>1054</td> <td>+875</td> </tr> <tr> <td>TOPEKA</td> <td>2896</td> <td>-967</td> </tr> <tr> <td>HEEBNER</td> <td>3116</td> <td>-1187</td> </tr> <tr> <td>TORONTO</td> <td>3134</td> <td>-1205</td> </tr> <tr> <td>LKC</td> <td>3161</td> <td>-1232</td> </tr> <tr> <td>BKC</td> <td>3396</td> <td>-1467</td> </tr> <tr> <td>ARBUCKLE</td> <td>3412</td> <td>-1483</td> </tr> </table>	Name	Top	Datum	TOP ANHYDRITE	1019	+910	BASE ANHYDRITE	1054	+875	TOPEKA	2896	-967	HEEBNER	3116	-1187	TORONTO	3134	-1205	LKC	3161	-1232	BKC	3396	-1467	ARBUCKLE	3412	-1483
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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"	23	222.71	COMMON	150	2% GEL & 3% CC
PRODUCTION	7 7/8	5 1/2	14	3514	EA/2	150'	
			DV TOOL @	992			

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
4	3414' TO 3421	100 GALLONS OF 15% INS	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	3428'		
Date of First, Resumerd Production, SWD or Enhr.		Producing Method		
10/10/2005		<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
	52	0	0	

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 _____

JOB LOG

SWIFT Services, Inc.

DATE: 7-13-05 PAGE NO: 1

CUSTOMER: *Dawson & Nelson* WELL NO. #1-10 LEASE: *Geetz* JOB TYPE: *cement 2-stage* TICKET NO. *8682*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0100							enter w/FE
	0130							enter w/Takes
	0150							Start FE Break circ. at bottom
	0650	5	0			150		start fo-Flashers ^{12 bbl mud/flash} _{3 bbl KCL flash}
	0656	6	32/0			200		start cement 15 sacks E.A. 2
	0704		57					end cement wash P4L Drop Plug
	0708	6	0			150		start Displacement
	0722		55			200		Land Plug Release Pressure Fluct hold Drop Closing Plug
	0740					1100		Open DV Seal Plug Ratchet. & M. schedule
	0742	6	0			100		start KCL flash
	0745	6.5	20/0			125		start cement
	0758		84					end cement wash P4L Drop Closing Plug
	0781	6	0			50		start Displacement
	0805		24			300		Land Plug Close DV Release Pressure DV Closed
						1500		
								circ 10 sks cement to pit
								Thank you
								Nicky Dan & Shanae

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CHARGE TO: *Dwain & Nelson*

ADDRESS

CITY, STATE, ZIP CODE

TICKET # **8692**

PAGE 1 OF 2

1. <i>Moys Kc</i>	WELL/PROJECT NO. <i>#1-10</i>	LEASE <i>Goetz</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>Ks</i>	CITY	DATE <i>7-18-05</i>	OWNER <i>24711</i>
2. <i>Ness City Kc</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Discovery Dr #3</i>	RIG NAME/NO.	SHIPPED VIA <i>TT</i>	DELIVERED TO <i>Woodson</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>convert 2-stage A.S.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #103	90	mi	4		160
571		1			Pump Choke	1	ea	1600		1600
407		1			Impact Foot Shoe	1	ea	250		250
403		1			Basket	1	ea	200		200
402		1			Control Valve	7	ea	60		420
408		1			DV Tool	1	ea	2500		2500
417		1			DV L.D. Plug & Ball	1	ea	200		200
414		1			Rotation Head	1	ea	200		200
281		1			Mud Flush	500	gal	75		375
221		1			FCK Liquid	4	gal	25		100

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED *7-18-05* TIME SIGNED *0830* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	5450
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				4572	12
WE UNDERSTOOD AND MET YOUR NEEDS?				10527	18
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TAX	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

