

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>08/19/2005</u>	<u>09/25/2005</u>	<u>09/26/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25,446-00-00
County: ELLIS
219N NE NW NE Sec. 15 Twp. 14 S. R. 16 East West
101 feet from S / (N) (circle one) Line of Section
1740 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: SANDER-DORTLAND Well #: 1-15
Field Name: WI

Producing Formation: NONE
Elevation: Ground: 1915 Kelly Bushing: 1923
Total Depth: 3518 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 222.85 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/ _____ sx cmt.

Drilling Fluid Management Plan D&A AIT I NCR
(Data must be collected from the Reserve Pit) 9-4-08
Chloride content 14,000 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.: _____

RECEIVED
NOV 14 2005
KCC WICHITA

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: 11-9-05
Subscribed and sworn to before me this 9 day of November
2005.
Notary Public: [Signature]
Date Commission Expires: 7/28/09

MICHELE L. MEIER
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 7/28/09

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

Operator Name: DOWNING-NELSON OIL COMPANY, INC Lease Name: SANDER-DORTLAND Well #: 1-15
 Sec. 15 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 INDUCTION & COMPENSATED DENSITY/NEUTRON	<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:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>TOP ANHYDRITE</td> <td>1011</td> <td>+912</td> </tr> <tr> <td>BASE ANHYDRITE</td> <td>1047</td> <td>+876</td> </tr> <tr> <td>TOPEKA</td> <td>2886</td> <td>-963</td> </tr> <tr> <td>HEEBNER</td> <td>3109</td> <td>-1186</td> </tr> <tr> <td>TORONTO</td> <td>3129</td> <td>-1206</td> </tr> <tr> <td>LKC</td> <td>3156</td> <td>-1233</td> </tr> <tr> <td>BKC</td> <td>3396</td> <td>-1473</td> </tr> <tr> <td>ARBUCKLE</td> <td>3427</td> <td>-1504</td> </tr> </table>	Name	Top	Datum	TOP ANHYDRITE	1011	+912	BASE ANHYDRITE	1047	+876	TOPEKA	2886	-963	HEEBNER	3109	-1186	TORONTO	3129	-1206	LKC	3156	-1233	BKC	3396	-1473	ARBUCKLE	3427	-1504
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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"	20	222.85	COMMON	150'	2%GEL & 3% CC

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
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 _____

ALLIED CEMENTING CO., INC.

21423

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

SERVICE POINT:
Russell

DATE <u>9-20-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>7:30 am</u>	JOB START <u>8:00 am</u>	JOB FINISH <u>11:45 am</u>
LEASE <u>Al. Hill</u>	WELL # <u>A-5</u>	LOCATION <u>Water</u>			COUNTY <u>Ed.</u>	STATE <u>Mo.</u>	
<u>OLD OR NEW (Circle one)</u>					RECEIVED		

NOV 14 2005

CONTRACTOR Security Drilling Rigging

TYPE OF JOB _____

HOLE SIZE 7 7/8 T.D. 3548

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 1 1/2 DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

KCC WICHITA

CEMENT AMOUNT ORDERED 2000 lbs

400 lbs to be used

EQUIPMENT

PUMP TRUCK CEMENTER Sam

345 HELPER Clay

BULK TRUCK

280 DRIVER Tom

BULK TRUCK

_____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS:

1 st Plug @	3440'	25 lbs
2 nd Plug @	1040'	25 lbs
3 rd Plug @	625'	100 lbs
4 th Plug @	275'	40 lbs
5 th Plug @	40'	10 lbs
Red Hole	12 lbs	Misc Hole 10 lbs
Thank you		

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Dunning Nelson

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1 8 1/2' Dry Hole Plug @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE John A. Boehler

PRINTED NAME _____