

ORIGINAL

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

Operator: License # 33515  
Name: Double Eagle Resources, LLC  
Address: 507 S 14th St  
City/State/Zip: Fort Smith, AR 72901  
Purchaser: Guardian Energy Consultants  
Operator Contact Person: Jeff Hudson  
Phone: (320) 779-1679  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

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: Double 7 Oil and Gas, LLC  
Well Name: Cook #4  
Original Comp. Date: 3/10/02 Original Total Depth: 160  
\_\_\_\_ Deepening    \_\_\_\_ Re-perf.    \_\_\_\_ Conv. to Enhr./SWD  
 Plug Back 110 Plug Back Total Depth  
\_\_\_\_ Commingled    Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion    Docket No. \_\_\_\_\_  
\_\_\_\_ Other (SWD or Enhr.?)    Docket No. \_\_\_\_\_

3-31-06    3/31/06  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 099-23170 - 00-01  
County: Labette  
\_\_\_\_ NW \_\_\_\_ SW \_\_\_\_ Sec. 22 Twp. 31 S. R. 21  East  West  
990 feet from  S  N (circle one) Line of Section  
4950 feet from  E  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Raymond Cook Well #: 4  
Field Name: Cherokee Basin Coal  
Producing Formation: Cherokee Coal  
Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 160 Plug Back Total Depth: 110  
Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ 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.  
war-Dig - 9/25/08

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
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. \_\_\_\_\_  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: Jeff Hudson  
Title: Chief Op Off. Date: 6/13/06  
Subscribed and sworn to before me this 13 day of June,  
2006.  
Notary Public: Kirk O Brown  
Date Commission Expires: 2008

**KCC Office Use ONLY**

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

RECEIVED  
JUN 16 2006  
KCC WICHITA

✓

Operator Name: Double Eagle Resources, LLC Lease Name: Raymond Cook Tr Well #: \_\_\_\_\_  
 Sec. 22 Twp. 31 S. R. 21  East  West County: Labette

**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 type="checkbox"/> No (Attach Additional Sheets)  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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	11"	6 1/4		20'	Portland	5	
Production	6 1/4	2 3/8		160	"	16	

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
2	86-91	250 gal HCL	

TUBING RECORD		Size <u>1"</u>	Set At <u>110</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhrr.			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		<u>1</u>	<u>5</u>		

Disposition of Gas  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

Production Interval  Other (Specify) \_\_\_\_\_

RECEIVED  
 JUN 16 2006  
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