

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 # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 E. Central, Suite #100
City/State/Zip: Wichita, Kansas 67206
Purchaser: None
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
Contractor: Name: G&L Well Service Inc.
License: 8253

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

If Workover/Re-entry: Old Well Info as follows:
Operator: F.G. Holl Company, L.L.C.
Well Name: CHISHOLM 1-26 "OWWO"
Original Comp. Date: 12/11/2003 Original Total Depth: 3564'
____ 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. _____
2/21/2006 11/06/1964 03/02/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-20,397-00 **X02**
County: Barton
C NW NE NE Sec. 26 Twp. 20 S. R. 14 East West
4950 feet from (S) N (circle one) Line of Section
990 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: CHISHOLM "OWWO" Well #: 1-26
Field Name: Maybach West
Producing Formation: Chase
Elevation: Ground: 1895' Kelly Bushing: 1900'
Total Depth: 3564' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 808 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/ API - Dig - 9/11/08 _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used No free fluids
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: Franklin R. Greenbaum
Title: Exploration Manager Date: 07/11/2006

Subscribed and sworn to before me this 11th day of July, 2006
The State of Kansas,
The County of Sedgwick
Notary Public: Betty H. Spotswood

Date Commission Expires: 04/30/2010
Notary Public - State of Kansas
BETTY H. SPOTSWOOD
My Appointment Expires 4/30/2010

KCC Office Use ONLY

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

RECEIVED
JUL 13 2006
KCC WICHITA

Operator Name: F.G. Holl Company, L.L.C. Lease Name: CHISHOLM Well #: 1-26
 Sec. 26 Twp. 20 S. R. 14 East West County: Barton

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 checked="" type="checkbox"/> Yes <input 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:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original copy
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CASING RECORD <input checked="" 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	12-1/4"	8-5/8"		808'		475sx	
Production	7-7/8"	4-1/2"	10.5#	2434'	50/50 Poz	150sx	

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	2320'	Common	25sx	4%fla
			25sx	

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 SPF	2055' - 2058'	500 gal 15% Mira acid	
4 SPF	1756' - 1764' - Reperf.	500 GAL 15% Mira acid	
	CIBP @ 2130'	1500 gal 15% Mira/28% XTA	
	2037' - 2043' - Old Perfs.		

TUBING RECORD	Size 2-3/8"	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. Waiting on pipeline connection	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 1756' - 2058' Chase

Operator Name: F.G. Holl Company, L.L.C. Lease Name: _____ Well #: _____
 Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 checked="" type="checkbox"/> Yes <input 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: _____	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" 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							
Production							

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
____ Perforate	1756-62	Common	100sx	
____ Protect Casing	1808-12			
<input checked="" type="checkbox"/> Plug Back TD	1988-92			
<input checked="" 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 checked="" type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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RECEIVED
 JUL 13 2006
 KCC WICHITA

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

COPY ORIGINAL

Operator: License # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 East Central, Suite #100
City/State/Zip: Wichita, Kansas 67206-2543

Purchaser: KANSAS CORPORATION COMMISSION
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481

Contractor: Name: G&L Well Service Inc.
License: 8253

Wellsite Geologist: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Midwest Investments

Well Name: PRICE BONDURANT NO. 2D
Original Comp. Date: 11/06/1969 Original Total Depth: 3538'
 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. _____

RU: 10/22/2003 ~~11/06/1964~~ RD: 12/11/2003
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 009-20,397-0001
County: Barton
C NW NE NE Sec. 26 Twp. 20 S. R. 14 East West

4950 feet from S N (circle one) Line of Section
990 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: CHISHOLM "OWWO" Well #: 1-26

Field Name: Mayback West
Producing Formation: _____
Elevation: Ground: 1895' Kelly Bushing: 1900'
Total Depth: 3564' Plug Back Total Depth: 2435'
Amount of Surface Pipe Set and Cemented at 808 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 cm.

Drilling Fluid Management Plan Withdrawn via 5-4-04
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used No free fluids

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: Franklin R. Greenbaum
Title: Exploration Manager Date: 03/01/2004

Subscribed and sworn to before me this 1st day of March, 2004
19_____. Betty B. Herring
Notary Public: Betty B. Herring

Date Commission Expires: 04/30/2006

Notary Public - State of Kansas
BETTY B. HERRING
My Appt. Exp. 4/30/2006

KCC Office Use ONLY

No Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
No Geologist Report Received
____ UIC Distribution

X

Operator Name: F.G. Holl Company, L.L.C. Lease Name: CHISHOLM "OWWO" Well #: 1-26
 Sec. 26 Twp. 20 S. R. 14 East West County: Barton

ORIGINAL
 INS. RECTIONS: Show pertinent 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)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See original copy

CASING RECORD New 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"		808'		475 sx	
Production	7-7/8"	4-1/2"	10.5#	2434	50/50 Poz	150 sx	

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	2320'	Common	25 sx	4% fla
			25 sx	

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

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 SPF	2338' - 2342'	Treat w/ 250 gal. 15% mca acid.	
4 SPF	2294' - 2302'	Treat w/ 250 gal 15% ne acid	
4SPF	2037'-2043' Kinney LM, 1988'-1992 Florence	Treat w/ 250 gal 15% ne acid	
4 SPF	1808'- 1812' Winfield ,1756'-1762' Herrington	Treat w/ 250 gal 15% ne acid	

TUBING RECORD

Size	Set At	Packer At	Liner Run
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. Shut-in Gas well

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, Sumit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled 1808' - 2342' OA

Other (Specify)

Production Interval

MAR 01 2004

TREATMENT REPORT



Customer ID CONSERVATION DIVISION	Date 10-30-03
Customer F.G. 1611 WICHITA, KS	Lease No.
Lease Chisholm	Well # 1-26
Field Order # 7075	Station Pratt
Casing 4 1/2	Depth 2435
Type Job 4 1/2 Long String New Well	County Barton
Formation	State Ks.
Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 4 1/2	Tubing Size	Shots/Ft		Acid 15ack 50/50 POZ		RATE	PRESS	ISIP
Depth 2435	Depth	From	To	Pre Pad 13.8#/gal 1.54HF		Max	1200	5 Min.
Volume 38.7	Volume	From	To	Pad 20 salt Flush		Min		10 Min.
Max Press	Max Press	From	To	Frac 12 mud "		Avg		15 Min.
Well Connection	Annulus Vol.	From	To	12 Super "		HHP Used		Annulus Pressure
Plug Depth 2425.45	Packer Depth	From	To	Flush 5 H2O Spacer		Gas Volume		Total Load

Customer Representative: *Rob Long* Station Manager: *Dave Aubrey* Treater: *Bobby Drake*

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:30					On location
10:00					Start Csg - L.O. Baffle top 1st Jt.
					Basket 3rd Jt.
12:00					Csg. on bottom
17:40					Trk. on loc. - Safety Meeting
18:13			16		Break Circ.
18:20	400		20	5.0	Start Salt Flush
18:24	400		12	5.0	Start Mud Flush
18:26	400		12	5.0	Start Super Flush
18:28	400		5	5.0	H2O Spacer
18:30	450		54	5.0	MIX Cisti @ 13.8#/gal
18:47					Clean Pump & Lines - Release Plug
19:50			38.6	5.0	Start Disp.
19:58	900				Plug Down - Shut Down
	1200				Release - Flowing Back
					Pressure Up 1200# Holding
					Job Complete ✓
					<i>Thanks, Bobby</i>

10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • Phone (620) 672-1201 • Fax (620) 672-5383