

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 # 33788
Name: Matt Kerr
Address: 1651 2000 St.
City/State/Zip: Iola / KS / 66749
Purchaser: Crude Marketing Transportation
Operator Contact Person: Matt Kerr
Phone: (620) 365-0550
Contractor: Name: Matt Kerr
License: 33788
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: _____

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. _____

12-20-06 12-22-06 12-28-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

per oper - KCC-Dlg

API No. 15 - 001-29540-00-60

County: Allen

NW NE NW NW Sec. 8 Twp. 24 S. R. 19 East West

165 feet from S / (N) (circle one) Line of Section

825 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Kerr Oil Well #: 4

Field Name: Kerr

Producing Formation: Tucker

Elevation: Ground: 998 Kelly Bushing: _____

Total Depth: 1001 Plug Back Total Depth: 995.25

Amount of Surface Pipe Set and Cemented at 21'1" Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 995

feet depth to 125 sx cmt.

Alt 2 - Dlg - 9/16/08

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: Matt Kerr

Title: owner/operator Date: 1-19-07

Subscribed and sworn to before me this 19 day of January, 2007.

Notary Public: Lori G Buchholz

Date Commission Expires: 4-22-08

NOTARY PUBLIC - State of Kansas
LORI G. BUCHHOLZ
My Appt. Exp. _____

KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report **RECEIVED**
KANSAS CORPORATION COMMISSION

UIC Distribution

JAN 23 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Matt Kerr Lease Name: Kerr Oil Well #: 4
 Sec. 8 Twp. 24 S. R. 19 East West County: Allen

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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Name</td> <td style="width:20%; border-bottom: 1px solid black;">Top</td> <td style="width:20%; border-bottom: 1px solid black;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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
surf	9 7/8	7"		21'1"	Monarch	6	
prod		2 7/8		995		125	

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	2 perms per foot/ 8 perms plus on additional perf for a total of 9	Spotted acid in perms/ fracted with 2 ball pressure reached 800-1300lbs.	964.0-968.0

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. <u>12-28-06</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 1	Gas Mcf	Water Bbls. 17	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval <div style="text-align: right;"> RECEIVED KANSAS CORPORATION COMMISSION JAN 23 2007 </div>
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PAYLESS CONCRETE PRODUCTS, L.L.C.

802 N. INDUSTRIAL
 P.O. BOX 664
 IOLA, KS 66749-0664

INVOICE

Invoice Number: 17266
 Invoice Date: Nov 16, 2006
 Page: 1

Duplicate

Voice: 620-365-5588

Fax:

Bill To:
CASH FOR C.O.D.'S 802 N. INDUSTRIAL RD. IOLA, KS 66749

Ship to:
CHARLIE KERR 1830 OREGON RD. IOLA, KS 66749

Customer ID	Customer PO	Payment Terms	
CASH/C.O.D.	KERR/S.DAK&2200	C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	TRUCK		11/16/06

Quantity	Item	Description	Unit Price	Amount
125.00	CEMENT/ WATER	CEMENT & WATER PER BAG MIX	6.25	781.25
1.25	TRUCKING	TRUCKING	40.00	50.00

RECEIVED
 KANSAS CORPORATION COMMISSION
 NOV 26 2007
 CONSERVATION DIVISION
 WICHITA, KS

Subtotal	831.25
Sales Tax	52.37
Total Invoice Amount	883.62
Payment/Credit Applied	883.62
TOTAL	0.00

Check/Credit Memo No: Multiple
 Payments
 Received