

ORIGINAL

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

Operator: License # 8996  
Name: Mid Continent Resources, Inc.  
Address: PO Box 399  
City/State/Zip: Garden City, KS 67846  
Purchaser: NCRA  
Operator Contact Person: Scott Corsair  
Phone: (785) 398-2270  
Contractor: Name: Petromark Drilling, LLC  
License: 33323  
Wellsite Geologist: Scott Corsair

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: \_\_\_\_\_

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. \_\_\_\_\_

09/13/2005 09/21/2005 01/02/2006  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 135-24399-00-00

County: Ness CO.

SE \_\_\_\_\_ Sec. 23 Twp. 19 S. R. 22  East  West

1110 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: Gillig Well #: 2-23

Field Name: Schaben

Producing Formation: Mississippian

Elevation: Ground: 2259' Kelly Bushing: 2265'

Total Depth: 4389' Plug Back Total Depth: NA

Amount of Surface Pipe Set and Cemented at 326 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 2495 Feet

If Alternate II completion, cement circulated from 2495

feet depth to surface w/ 300 sx cmt.

Drilling Fluid Management Plan Air II mlr  
(Data must be collected from the Reserve Pit) 10-27-08

Chloride content 41,000 ppm Fluid volume 785 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.: \_\_\_\_\_

**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: \_\_\_\_\_

Title: Petroleum Engineer Date: 03/01/2006

Subscribed and sworn to before me this 1st day of March

19 2006

Notary Public: Bernice Moore

Date Commission Expires: 2/7/10

**KCC Office Use ONLY**  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

NOTARY PUBLIC - State of Kansas  
BERNICE MOORE  
My Appt. Exp. 2/7/10



Operator Name: Mid Continent Resources, Inc. Lease Name: Gillig Well #: 2-23  
 Sec. 23 Twp. 19 S. R. 22  East  West County: Ness CO.

**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:  Dual Induction, Neutron/Density	<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>Anhydrite</td> <td>1498</td> <td>+767</td> </tr> <tr> <td>Heebner</td> <td>3729</td> <td>-1464</td> </tr> <tr> <td>Lansing</td> <td>3777</td> <td>-1512</td> </tr> <tr> <td>Ft. Scott</td> <td>4276</td> <td>-2011</td> </tr> <tr> <td>Cherokee</td> <td>4296</td> <td>-2031</td> </tr> <tr> <td>Mississippian</td> <td>4361</td> <td>-2096</td> </tr> <tr> <td>TD</td> <td>4389</td> <td>-2124</td> </tr> </table>	Name	Top	Datum	Anhydrite	1498	+767	Heebner	3729	-1464	Lansing	3777	-1512	Ft. Scott	4276	-2011	Cherokee	4296	-2031	Mississippian	4361	-2096	TD	4389	-2124
Name	Top	Datum																							
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TD	4389	-2124																							

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	326'	common	190	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4388'	EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2495'-surf.	SMD	300	

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	4363-73', 4377.5-4389'		

TUBING RECORD Size <u>2 3/8"</u> Set At <u>4356'</u> Packer At _____ Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of First, Resumed Production, SWD or Enhr. <u>01/02/2006</u> 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. <u>40</u> Gas Mcf _____ Water Bbls. <u>2</u>	Gas-Oil Ratio _____ Gravity _____

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Sumit ACO-18.)*  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval 4363-73 & 4377.5-4388  
4388-89 OH

# ALLIED CEMENTING CO., INC. 22708

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

SERVICE POINT: New City

DATE <u>9-14-05</u>	SEC. <u>23</u>	TWP. <u>19</u>	RANGE <u>22</u>	CALLED OUT <u>11:30 PM</u>	ON LOCATION <u>2:00 AM</u>	JOB START <u>9:15 AM</u>	JOB FINISH <u>9:45 AM</u>
LEASE <u>Gillis</u>		WELL # <u>2-23</u>		LOCATION <u>Boyer 45 W, 1 1/2 S W/3</u>		COUNTY <u>New</u>	STATE <u>Ka</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Petromark #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 326'

CASING SIZE 8 5/8" 23# DEPTH 326'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 19 3/4 bbls

OWNER Same

CEMENT AMOUNT ORDERED 190 cu common

32acc, 270 del

EQUIPMENT

PUMP TRUCK CEMENTER Tom D

# 224 HELPER Tom W

BULK TRUCK DRIVER Roch H

# 342

BULK TRUCK DRIVER \_\_\_\_\_

# \_\_\_\_\_

COMMON	<u>190 cu</u>	@	<u>8.70</u>	<u>1653.00</u>
POZMIX		@		
GEL	<u>4 cu</u>	@	<u>14.00</u>	<u>56.00</u>
CHLORIDE	<u>6 cu</u>	@	<u>38.00</u>	<u>228.00</u>
ASC		@		
<b>RECEIVED</b>				
<u>MAR 3 1 2006</u>				
<b>KCC WICHITA</b>				
HANDLING	<u>200 cu</u>	@	<u>1.60</u>	<u>320.00</u>
MILEAGE	<u>200 cu</u>	@	<u>1.17</u>	<u>204.00</u>
				<b>TOTAL</b> <u>2461.00</u>

REMARKS:

Ran 326' of 8 5/8" csg. Brake circulation

Mixed 190 cu common 32acc 270 del

Released plug. Displaced well pack #10.

Cement did circulate

SERVICE

DEPTH OF JOB	<u>326'</u>		
PUMP TRUCK CHARGE			<u>670.00</u>
EXTRA FOOTAGE	<u>26</u>	@	<u>SS 14.30</u>
MILEAGE	<u>17</u>	@	<u>5.00</u>
MANIFOLD		@	

CHARGE TO: American Warrior

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL 789.30

PLUG & FLOAT EQUIPMENT

<u>1- 8 5/8" T102</u>	@	<u>53.00</u>	<u>53.00</u>
	@		
	@		
	@		
	@		
TOTAL <u>53.00</u>			

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

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.

SIGNATURE Kenneth G. Roach

Kenneth G. Roach  
PRINTED NAME



CHARGE TO: *American Warrior Inc.*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

TICKET  
 N<sup>o</sup> 8698

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hayes, Ks.</i>	WELL/PROJECT NO. <i># 2-23</i>	LEASE <i>Gillig</i>	COUNTY/PARISH <i>Ness</i>	STATE <i>Ks</i>	CITY	DATE <i>9-27-05</i>	OWNER <i>Same</i>
2. <i>Ness City, Ks.</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Petroleum Dily #1</i>	RIG NAME/NO.	SHIPPED VIA <i>IT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>development</i>	JOB PURPOSE <i>current logging</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 <i>#103</i>	30	mi	4 <sup>00</sup>		120 <sup>00</sup>
574		1			Pump Charge (Logging)	1	ea	1250 <sup>00</sup>		1250 <sup>00</sup>
201		1			Mud Flush	500	gal	75 <sup>00</sup>		375 <sup>00</sup>
221		1			KCL	2	gal	25 <sup>00</sup>		50 <sup>00</sup>
467		1			Insert Float Shoe w/ fill	1	ea	250 <sup>00</sup>	5 1/2"	250 <sup>00</sup>
466		1			L.D. Plug + Baffle	1	ea	210 <sup>00</sup>	5 1/2"	210 <sup>00</sup>
462		1			Centralizers	10	ea	60 <sup>00</sup>	" "	600 <sup>00</sup>
463		1			Baskets	3	ea	200 <sup>00</sup>	" "	600 <sup>00</sup>
464		1			Part Cellar	1	ea	1700 <sup>00</sup>	" "	1700 <sup>00</sup>
419		1			Rotating head	1	ea	200 <sup>00</sup>	" "	200 <sup>00</sup>

RECEIVED  
 MAR 31 2006  
 KCC WICHITA

**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 \_\_\_\_\_ TIME SIGNED \_\_\_\_\_  
 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	5553 <sup>00</sup>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				page 2	2484 <sup>17</sup>
WE UNDERSTOOD AND MET YOUR NEEDS?					8039 <sup>17</sup>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

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

SWIFT OPERATOR \_\_\_\_\_ APPROVAL \_\_\_\_\_

Thank You!







CHARGE TO: MID COUNTRYS RESOURCES
ADDRESS
CITY, STATE, ZIP CODE

TICKET  
9079

PAGE	OF
1	1

SERVICE LOCATIONS 1. NESS CITY	WELL/PROJECT NO. 2-23	LEASE GTUG	COUNTY/PARISH NESS	STATE KS	CITY	DATE 9-28-05	OWNER SOM
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR H S	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CANT PORT COLOR	WELL PERMIT NO.	WELL LOCATION BAYLOR V. 55.1W 14N W5		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE " 104	20		ME		4.00	80.00
577		1			PUMP SERVICE	1		JOB		800.00	800.00
105		1			PORT COLOR OPENS TOOL	1		JOB		100.00	100.00
330		1			SWIFT MOOR BUST SUMMER	300		SM		11.00	3300.00
276		1			FLOCEL	100		WT		1.10	110.00
287		1			GA STOP	100		WT		5.75	575.00
581		1			SERVICE CHARGE CMT	100		WT		1.10	110.00
583		1			DRIVING	39990		WT	399.9	1.00	399.90

RECEIVED  
 MAR 31 2006  
 KCC WICHITA

**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 9-28-05	TIME SIGNED 1230	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
------------------------	---------------------	---------------------------------------------------------------------------

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

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6104.90
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

**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!*

**JOB LOG**

**SWIFT Services, Inc.**

DATE 9-28-05 PAGE NO. 7

CUSTOMER: M&J CONTRACT RESOURCES WELL NO. 2-23 LEASE: GRIFF JOB TYPE: COMPT PORT COLLAR TICKET NO. 9079

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION
								2 7/8 x 5 1/2 PORT COLLAR = 2495
	1420				✓		1000	PSI TEST HFWD
	1423	2 1/2	2	✓			425	OPW PORT COLLAR - 227 RATE
	1425	3 1/2	138	✓			475	MAX COMPT 250 SMD
		3	14	✓			250	50 SMD W/ GASSTOP
	1512	3	9	✓			700	DISPLACE COMPT
	1520			✓			1200	CLOSE PORT COLLAR - PSI TEST - HFWD
								CALCULATED 15 SPS COMPT TO PCT
	1535	3	25	✓			400	RUN 4 JTS CALCULATE CLEAN
								WASH UP TRUCK
	1630							JOB COMPLETE
								THANK YOU WHY, NUSM, REIT, SMC

**RECEIVED**  
**MAR 31 2006**  
**KCC WICHITA**