

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Amended
Rec'd 9-15-05

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33503
Name: Paxton Grant, LLC
Address: 132 N. Otsego Ave
City/State/Zip: Gaylord, MI 49735
Purchaser: _____
Operator Contact Person: David Fleming
Phone: (620) 252-9985
Contractor: Name: Thornton Air Rotary, LLC
License: 33606
Wellsite Geologist: None

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>8/1/05</u>	<u>8/2/05</u>	<u>11/29/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 133-26294-00-00
County: Neosho
____ NE ____ NW ____ SE Sec. 22 Twp. 27 S. R. 21 East West
2282 feet from (S) / N (circle one) Line of Section
1705 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Inman Well #: C3-22
Field Name: Wildcat
Producing Formation: Summit, Mulky, Crowberg, Mineral, Tebo, Rowe, Riverton
Elevation: Ground: 995' Kelly Bushing: _____
Total Depth: 862' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 21'10" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 844
feet depth to surface w/ 95 sx cmt.

Drilling Fluid Management Plan P+ A Alt II NCR
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 9-12-08 bbls
Dewatering method used air dry
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____
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KANSAS CORPORATION COMMISSION
JAN 09 2006
CONSERVATION DIVISION
DOCKET # _____
WICHITA, KS

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: Mark Bailey
Title: Operations Manager Date: 1/4/06
Subscribed and sworn to before me this 4th day of January,
20 06.

Notary Public: Wanda Zaleski
Date Commission Expires: 11/26/2011
WANDA ZALESKI, NOTARY PUBLIC
State of Michigan, County of Otsego
Acting in the County of Otsego
My Commission Expires 11/26/2011

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

Operator Name: Paxton Grant, LLC Lease Name: Inman Well #: C3-22
 Sec. 22 Twp. 27 S. R. 21 East West County: Neosho

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: HIGH RESOLUTION COMPENSATED DENSITY/ NEUTRON LOG DUAL INDUCTION SFL/GR LOG	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE DRILLING REPORT
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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	11"	8-5/8"	32#	21'10"	Portland	4	None
Long String	6-3/4"	4-1/2"	10.5#	844'	Thick Set	95	Flocele

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				

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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	762-765 / 707-709 / 700-702	500 gals 15% FE Acid / 5775 lbs 20/40 Sand	
4	480-482 / 365-369 / 354-357	750 gals 15% FE Acid / 5775 lbs 20/40 Sand	

TUBING RECORD		Size <u>2-3/8"</u>	Set At <u>756'</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. Estimated January 15, 2006		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>0</u>	Gas Mcf <u>50</u>	Water Bbls. <u>80</u>	Gas-Oil Ratio	Gravity

Disposition of Gas **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____