

**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

ORIGINAL

Operator: License # 30717
 Name: DOWNING-NELSON OIL COMPANY, INC
 Address: PO BOX 372
 City/State/Zip: HAYS, KS 67601
 Purchaser: _____
 Operator Contact Person: RON NELSON
 Phone: (785) 621-2610
 Contractor: Name: DISCOVERY DRILLING CO., INC.
 License: 31548
 Wellsite Geologist: RON NELSON
 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>02/10/06</u>	<u>02/16/06</u>	<u>02/17/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

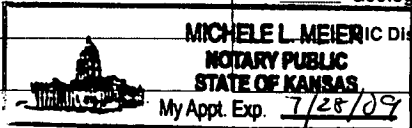
API No. 15 - 195-22,325-00-00
 County: TREGO
 _____ NW Sec. 2 Twp. 13 S. R. 22 East West
1400 feet from S N (circle one) Line of Section
1900 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: DUANE Well #: 1-2
 Field Name: WILDCAT
 Producing Formation: LKC
 Elevation: Ground: 2318 Kelly Bushing: 2326
 Total Depth: 4169 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 222.37 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 1765 Feet
 If Alternate II completion, cement circulated from 1765
 feet depth to SURFACE w/ 180 sx cmt.

Drilling Fluid Management Plan Air II MR
 (Data must be collected from the Reserve Pit) 10-30-08
 Chloride content 11,000 ppm Fluid volume 300 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: [Signature]
 Title: VP Date: 4-18-06
 Subscribed and sworn to before me this 18 day of April,
 2006.
 Notary Public: Michelle L Meier
 Date Commission Expires: 7-28-09



KCC Office Use ONLY

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

RECEIVED
APR 21 2006
KCC WICHITA

Operator Name: DOWNING-NELSON OIL COMPANY, INC Lease Name: DUANE Well #: 1-2
 Sec. 2 Twp. 13 S. R. 22 East West County: TREGO

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: Sonic, Micro and Compensated Density/Neutron and Dual Induction	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>TOP ANHYDRITE</td> <td>1760</td> <td>+566</td> </tr> <tr> <td>BASE ANHYDRITE</td> <td>1806</td> <td>+520</td> </tr> <tr> <td>TOPEKA</td> <td>3416</td> <td>-1090</td> </tr> <tr> <td>HEEBNER</td> <td>3639</td> <td>-1313</td> </tr> <tr> <td>TORONTO</td> <td>3657</td> <td>-1331</td> </tr> <tr> <td>LKC</td> <td>3674</td> <td>-1348</td> </tr> <tr> <td>BKC</td> <td>3674</td> <td>-1348</td> </tr> <tr> <td>MARMATON</td> <td>4010</td> <td>-1684</td> </tr> </table>	Name	Top	Datum	TOP ANHYDRITE	1760	+566	BASE ANHYDRITE	1806	+520	TOPEKA	3416	-1090	HEEBNER	3639	-1313	TORONTO	3657	-1331	LKC	3674	-1348	BKC	3674	-1348	MARMATON	4010	-1684
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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	12 1/4"	8 5/8"	20	222.37	COMMON	150	2% Gel & 3% CC
Production St.	7 7/8	5 1/2	15.5 & 14	4147.70	EA/2	150	
			DV TOOL @	1765	SMDC	180	

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
4	3714' TO 3717'	500 GALLONS 15% MCA	3717'
		2000 GALLONS 15% NE	3717'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	4126.38		

Date of First, Resumerd Production, SWD or Enhr. 04/10/06	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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	30	0	0		

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) _____

ALLIED CEMENTING CO., INC. 25230

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

SERVICE POINT:
Russell

DATE <u>2-10-06</u>	SEC. <u>2</u>	TWP. <u>13</u>	RANGE <u>22</u>	CALLED OUT <u>4:45pm</u>	ON LOCATION <u>6:00pm</u>	JOB START <u>7:45pm</u>	JOB FINISH <u>8:15pm</u>
LEASE <u>DuANE</u> WELL # <u>1-2</u>				LOCATION <u>OGALLAH 2 S 1/2 E</u>		COUNTY <u>Trego</u>	STATE <u>KANSAS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Discovery Rig # 2

TYPE OF JOB SHAPE

HOLE SIZE 12 1/4 T.D. 223

CASING SIZE 8 5/8 20# DEPTH 22

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 13 1/4 / BBL.

OWNER _____

CEMENT AMOUNT ORDERED 150 sk. Cement

2% G+L

3% C.C.

COMMON	<u>150</u>	@	<u>870</u>	<u>1305⁰⁰</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>14⁰⁰</u>	<u>42⁰⁰</u>
CHLORIDE	<u>5</u>	@	<u>38⁰⁰</u>	<u>190⁰⁰</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>158</u>	@	<u>162</u>	<u>252⁸⁰</u>
MILEAGE <u>5.3 TON MILE</u>				<u>502⁴⁴</u>
TOTAL				<u>2292²⁴</u>

EQUIPMENT

PUMP TRUCK # 308 CEMENTER GLENN

BULK TRUCK # 394 HELPER ZARY

BULK TRUCK # _____ DRIVER REN

BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Circulated

Shuck

CHARGE TO: Downing & Nelson

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>670⁰⁰</u>
EXTRA FOOTAGE		@	
MILEAGE <u>53</u>		@	<u>5⁰⁰</u>
MANIFOLD		@	<u>265⁰⁰</u>
		@	
		@	

RECEIVED

APR 21 2006

KCC WICHITA

TOTAL 935⁰⁰

PLUG & FLOAT EQUIPMENT

<u>878 WOODEN WIPER</u>	@	<u>55⁰⁰</u>
	@	
	@	
	@	



CHARGE TO: Downing & Nelson
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

RECEIVED
APR 21 2006
KCC WICHITA

TICKET No **9661**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Hays, Ks</u> 2. <u>Ness City, Ks</u> 3. 4.	WELL/PROJECT NO. <u>#1-2</u>	LEASE <u>Duane</u>	COUNTY/PARISH <u>Tracy</u>	STATE <u>KS</u>	CITY	DATE <u>2-17-06</u>	OWNER <u>Sumner</u>
	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Discovery Dr. #2</u>	RIG NAME/NO.	SHIPPED VIA <u>RT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement 2 stage</u>	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	50	mi			4 ⁰⁰	200 ⁰⁰
579		1			Pump Charge 2 stage	1	m	4169	'	1600 ⁰⁰	1600 ⁰⁰
281		1			Mudflush	500	gal			75	375 ⁰⁰
221		1			KCL Liquid	4	gal			26 ⁰⁰	104 ⁰⁰
407		1			Insert Flat Shoe w/fill	1	ea	53	"	250 ⁰⁰	250 ⁰⁰
408		1			D.V. Tool	1	ea	"	"	2800 ⁰⁰	2800 ⁰⁰
417		1			D.V. LD. Plug & Baffle	1	ea	"	"	200 ⁰⁰	200 ⁰⁰
402		1			Centralizers	8	ea	"	"	60 ⁰⁰	480 ⁰⁰
403		1			Bucket	1	ea	"	"	230 ⁰⁰	230 ⁰⁰
419		1			Rotating Head	1	ea	"	"	250 ⁰⁰	250 ⁰⁰

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	6489 ⁰⁰
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				page 2	3379 ³⁷
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					9868 ³⁷
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 _____ APPROVAL _____

Thank You!