

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

ORIGINAL
Form ACO-1
September 1999
This Form Must Be Typed

Operator: License # 33625
Name: Hertel Oil Company, LLC
Address: 704 E. 12th Street
City/State/Zip: Hays, Kansas 67601
Purchaser: _____
Operator Contact Person: Mike Hertel
Phone: (785) 628-2445
Contractor: Name: Vonfeldt Drilling, Inc.
License: 9431

API No. 15 - 051-25491-00-00
County: Ellis
95° E 15s E/2 SW NE Sec. 31 Twp. 13 S. R. 17 East West
3285 feet from (S) / N (circle one) Line of Section
1555 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Wiesner Well #: 5

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

Field Name: _____
Producing Formation: _____
Elevation: Ground: 2033 Kelly Bushing: 2038
Total Depth: 3609 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 213 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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>1/23/2006</u>	<u>1/28/2006</u>	<u>1/28/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) D+A AIT I MK
10-22-08
Chloride content 58000 ppm Fluid volume 400 bbls
Dewatering method used Allow to dry and backfill
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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MAR 13 2006
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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: Manager Date: 3-6-2006
Subscribed and sworn to before me this 6th day of MARCH
2006
Notary Public: Silene M. Brungardt
Date Commission Expires: 3-20-2009

KCC Office Use ONLY

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

SILENE M. BRUNGARDT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3-20-2009

Operator Name: **Hertel Oil Company, LLC** Lease Name: **Wiesner** Well #: **5**
 Sec. **31** Twp. **13** S. R. **17** East West County: **Ellis**

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 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 enclosed sheet

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	23#	205'	common	150	3%cc/2%gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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)

DATE <i>2-2-06</i>	SEC <i>31</i>	TWP <i>13</i>	RANGE <i>17</i>	CALLED OUT <i>1:30pm</i>	ON LOCATION <i>3:00pm</i>	JOB START	JOB FINISH <i>6:00pm</i>
LEASE <i>W. N. N. A.</i>	WELL # <i>5</i>	LOCATION <i>Tuden-570 1/2</i>			COUNTY <i>Ellis</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Vonfeldt*

TYPE OF JOB *Plus*

HOLE SIZE *7 1/2* T.D.

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE *4 1/2* DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED *200lb 6440-6 1/2 #110*

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER *Bill*

398 HELPER *Shane*

BULK TRUCK

378 DRIVER *Ken*

BULK TRUCK

DRIVER

REMARKS:

250 lb c 1300

100 lb c 725

40 lb c 265

10 40

1 Sck RH

10 lb MH

CHARGE TO: *Herold*

STREET

CITY STATE ZIP

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 *Doug Rudig*

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

185 cu yd @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

TOTAL

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME *Doug Rudig*