

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33342
Name: Blue Jay Operating, LLC
Address: 4916 Camp Bowie Blvd., Suite 204
City/State/Zip: Fort Worth, TX 76107
Purchaser: Southeastern Kansas Pipeline, LLC
Operator Contact Person: Rhonda Wilson
Phone: (620) 378-3650
Contractor: Name: Cherokee Wells, LLC
License: 33539
Wellsite Geologist: N/A

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. _____

3/14/06	3/15/06	3/16/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26363-00-00
County: Wilson
E/2 NE NE Sec. 32 Twp. 28 S. R. 14 East West
600 feet from S (N) (circle one) Line of Section
330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Oneal Well #: A-7
Field Name: Cherokee Basin Coal Gas / Mississippian

Producing Formation: Mississippian
Elevation: Ground: 902' Kelly Bushing: _____
Total Depth: 1327' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 42' 6" Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1319
feet depth to 142 - 140 w/ Dg - 9/29/08 sx cmt.

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.: 2006
Quarter _____ Sec. _____ Twp. _____ East West
County: _____ Docket No.: _____

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NOV 28 2006
CONSERVATION DIVISION
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: Marcy Miller
Title: Administrative Assistant Date: 11/13/06
Subscribed and sworn to before me this 13 day of NOVEMBER,
20 06.
Notary Public: Rhonda Wilson
Date Commission Expires: _____

RHONDA WILSON
Notary Public - State of Kansas
My Appt. Expires 9/8/2010

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

Operator Name: Blue Jay Operating, LLC Lease Name: Oneal Well #: A-7
 Sec. 32 Twp. 28 S. R. 14 East West County: Wilson

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Electric Log Enclosed	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Electric Log Enclosed
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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
Long String	6.75"	4 1/2"	10.5#	1319'	Thick Set Cement	140	
Surface	11.25"	8 5/8"	26#	42'	Portland	10	

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

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TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

Ticket #

8497

LOCATION Euler

FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-16-06	3070	O Neal A. 7	3.2	28S	14	W. Lsc
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Gateway of you... Gateways Titan			4163	Alan		
MAILING ADDRESS			440	Brad		
P.O. Box 960			437	Larry		
CITY			437/T63	Jim		
Meeker						
STATE						
OK						
ZIP CODE						
74855						

JOB TYPE Log string HOLE SIZE 6 7/8" HOLE DEPTH 1327' CASING SIZE & WEIGHT 4 1/2" 10.5"

CASING DEPTH 1327' DRILL PIPE 5 1/2" TUBING 5 1/2" OTHER 10 1/2"

SLURRY WEIGHT 13.2 SLURRY VOL 470 WATER gal/sk 8.0 CEMENT LEFT in CASING 0'

DISPLACEMENT 21 (b) DISPLACEMENT PSI 700 MIX PSI 1200 Bump Plug RATE

REMARKS: Safety Meeting. Rig up to 4 1/2" casing. Break circulation with 15 Bbl cement. Pump 1200 psi. Cement flush. 8 Bbls. Dye water. Mixed 1400 lbs Thick Set Cement. Wash out pump. Released Plug. Displaced w/ 8 Bbl Fresh water. Pump pressure 700 PSI. Bump Plug to 1200 PSI. Well returns. Release pressure. Effect held. Good cement returns.

7 Bbl slurry. Job complete.

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	800.00	800.00
5406		MILEAGE 2nd of 2 wells	0	0
1126A	1400	Thickset Cement	14.65	20510
1110A	700	700 Seal 5th	0.75	525
1148A	200	Cement Flush	1.40	280
5407		1000 Mileage Bulk Truck	2.75	275
5501C		Water Transport	98.00	392
5502C		80 Bbl Vac Truck	90.00	360
1123	6300	City water	12.80	8064
4401		4 1/2" Top Rubber Plug	40.00	40.00
4419		4 1/2" Rental	99.00	99.00
4161		4 1/2" AFU Fleet shoe	146.00	146.00
		Thank You!		
		SALES TAX		46.9

AUTHORIZATION [Signature] TITLE _____ DATE _____

ESTIMATED TOTAL 4619