

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: (820) 378-3650
Contractor: Name: Well Refined Drilling Co., LLC
License: 33072

Wellsite Geologist: _____
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. _____

<u>3/2/06</u>	<u>3/7/06</u>	<u>4/6/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 205-26366-00-00
County: Wilson
C NW4 SE4 Sec. 29 Twp. 28 S. R. 14 East West
1980 feet from (S) N (circle one) Line of Section
1980 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: O Neal Well #: A-3
Field Name: Cherokee Basin Coal/Mississippian
Producing Formation: Mississippian
Elevation: Ground: 980 Kelly Bushing: n/a
Total Depth: 1402 Plug Back Total Depth: n/a
Amount of Surface Pipe Set and Cemented at 42.10 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from bottom casing 1393
feet depth to surface w/ 145 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. _____
Quarter _____ Sec. _____ Twp. _____ S. R. East West
County: _____ Docket No. _____

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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: Tracy Miller
Title: ADMINISTRATIVE ASST Date: 11/16/06
Subscribed and sworn to before me this 16 day of NOVEMBER
20 06
Notary Public: Rhonda Wilson
My Appt. Expires 9/8/2010
Date Commission Expires: _____

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

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

Operator Name: Blue Jay Operating LLC Lease Name: O Neal Well #: A-3
 Sec. 29 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 Log Enclosed
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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	11.25	8 5/8	26	42.5	Portland	8	
Long String	6.75	4 1/2	13.2	1393	Thick Set Cement	145	

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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 08432
 LOCATION EUREKA
 FOREMAN KEVIN McCoy

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-8-06	3070	O'NEAL A-3	29	28S	14E	Wilson	
CUSTOMER GATEWAY TITAN		Go-Joe Field Service		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 960				445	RICK L.		
CITY Meeker		STATE OK	ZIP CODE 74855	439	CALIN		
				452 763	JIM		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1402' CASING SIZE & WEIGHT 4 1/2 10.5# new
 CASING DEPTH 1393' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2# SLURRY VOL 44 BBL WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 22.2 BBL DISPLACEMENT PSI 800 MIX PSI 1300 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 10 BBL Fresh water. Pump 4 sks Gel Flush, 10 BBL water, 12 BBL Dye water. Mixed 145 sks Thick Set Cement w/ 5# Kol-Seal per/sk @ 13.2# per/gal, yield 1.69. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 22.2 BBL Fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1300 PSI. Wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 PSI. Good Cement Returns to Surface = 8 BBL Slurry. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	40	MILEAGE	3.15	126.00
1126 A	145 SKS	Thick Set Cement	13.65	1979.25
1110 A	15 SKS	Kol-Seal 5# per/sk	17.75	266.25
1118 A	4 SKS	Gel Flush	7.00	28.00
5407	7.97 TONS	Ton Mileage BULK TRUCK	MIC	275.00
5501 C	4 HRS	water transport	98.00	392.00
1123	5500 gals	City water	12.80 @ 1000	70.40
4404	1	4 1/2 Top Rubber Plug	40.00	40.00
4129	1	4 1/2 Centralizer	29.00	29.00
4161	1	4 1/2 AFU FLOAT Shoe	146.00	146.00
			Sub TOTAL	4151.90
			SALI S TAX	161.21
			ESTIMATED TC TAL	4313.11

AUTHORIZATION Mark Coleman TITLE #36-001 DATE _____

Thank you 6.3%

808643