

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 # 32219
Name: Production Maintenance Service
Address: 3922 CR 1250
City/State/Zip: Coffeyville, KS 67337
Purchaser: Kansas Processing EQR, LLC
Operator Contact Person: Mike McClenning
Phone: (620) 948-3727 or 620-988-0042
Contractor: Name: MOKAT
License: 5831
Wellsite Geologist: none

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. _____

4/17/2006	4/19/2006	4/26/2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-30918-0000
County: Montgomery
NE/4 SW/4 _____ Sec. 32 Twp. 33 S. R. 16 East West
3240 feet from S N (circle one) Line of Section
3240' feet from E W (circle one) Line of Section

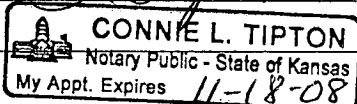
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Corn Well #: GW1
Field Name: Jefferson-Sycamore
Producing Formation: Mulky
Elevation: Ground: 825 Kelly Bushing: _____
Total Depth: 817 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 817
feet depth to 0 w/ 140 sx cmt.

Drilling Fluid Management Plan Alt II NUC
(Data must be collected from the Reserve Pit) 11-7-08
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.: _____

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: Mike McClenning
Title: Owner/Operator Date: 7-03-05
Subscribed and sworn to before me this 10 day of July
2006.
Notary Public: Connie L. Tipton
Date Commission Expires: _____


CONNIE L. TIPTON
Notary Public - State of Kansas
My Appt. Expires 11-18-08

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

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JUL 12 2006
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Production Maintenance Service Lease Name: Corn Well #: GW1
 Sec. ³² Twp. ³³ S. R. ¹⁶ East West County: Montgomery

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: comp-density/neutron,grn/cbl/vdl	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" 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>Wayside Sand</td> <td>335</td> <td>+490</td> </tr> <tr> <td>Oswego Lime</td> <td>656</td> <td>+169</td> </tr> </table>	Name	Top	Datum	Wayside Sand	335	+490	Oswego Lime	656	+169
Name	Top	Datum								
Wayside Sand	335	+490								
Oswego Lime	656	+169								

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	11.75"	8 5/8	26	42	Portland	14	none
Production	6 3/4"	4.5"	10.5	817	Portland	130	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
3spf	722-28	550 gal 15%hcl, 410bbl 12#gel water 5800#sand	722-28

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
		2 3/8"	740			
Date of First, Resumerd Production, SWD or Enhr. 7/10/2006			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	
	0	20'	30			

Disposition of Gas Vented Sold Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CONSERVATION DIVISION
WICHITA, KS

X
8718

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-81-9210 OR 800-457-8876

TICKET NUMBER 06734
LOCATION RV
FOREMAN Steve Johnson

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/20/06		CORN-6W-1	32	33	16	116
CUSTOMER Production Maint.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			418	Tim		
CITY			460	Andy		
STATE			454-791	Richard		
ZIP CODE						

JOB Long string HOLE SIZE 6 3/4 HOLE DEPTH 920' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 817 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 0
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.2

REMARKS See 2 gel ahead 100% cement with additives
Initial lines pumped plug to bottom set shoe

(Circulated cement to surface)

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5001	1	PUMP CHARGE <u>Long string</u>		800.00	
5006	40	MILEAGE		126.00	
5007	100	Bulk delivery		225.00	
5002	817'	Footage		152.89	
5300	3605	Transport		264.00	
1104	100 sk	Cement		1125.00	
1107	40#	Photo seal		72.00	
1100	500 #	Wilsonite		220.00	
1100	250 #	SALT		72.50	
1100	500 #	6#		70.00	
1103	4000 gal	city water		51.20	
4000	1	4 1/2 Rubber Plug		40.00	
				SALES TAX	98.02
				ESTIMATED TOTAL	3382.61

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WICHITA, KS

204897

AUTHORIZATION _____ TITLE _____ DATE _____