

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: _____
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. _____
4/28/2006 5/2/2006 5/17/2006
Spud Date or 5/2/2006 Date Reached TD 5/17/2006 Completion Date or
Recompletion Date 5/17/2006 Recompletion Date

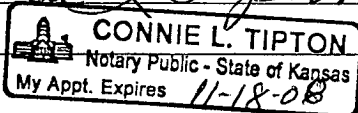
API No. 15 - 125-30995-00-00
County: Montgomery
SW4 SW4 SE4 Sec. 24 Twp. 34 S. R. 14 East West
370' feet from (S) N (circle one) Line of Section
2270 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Moyer Well #: 1
Field Name: Tyro
Producing Formation: Riverton, AW coal
Elevation: Ground: 900 Kelly Bushing: _____
Total Depth: 1588 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 38.4 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1586
feet depth to 0 w/ 180 sx cmt.

Drilling Fluid Management Plan Air II NUR
(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: 7/10/2006
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
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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Operator Name: Production Maintenance Service Lease Name: Moyer Well #: 1
 Sec. 24 Twp. 34 S. R. 14 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: CD\NL, DIL, GR\N\CB\VDL	<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>Oswego Lime</td> <td>1030</td> <td>-130</td> </tr> <tr> <td>Mississippian</td> <td>1556</td> <td>-656</td> </tr> </table>	Name	Top	Datum	Oswego Lime	1030	-130	Mississippian	1556	-656
Name	Top	Datum								
Oswego Lime	1030	-130								
Mississippian	1556	-656								

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"	8 5/8	23	38.4	Portland	8	none
Production	6 3/4"	4.5"	10.5	1586	Portland	180	2%gel, gilsonite

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 <i>(Amount and Kind of Material Used)</i>	
			Depth
6spf	1502-08	acid 500gas 15%hcl	1502-08, 28-30
3spf	1528-30		

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>1535</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>6/20/2006</u>		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. <u>0</u>	Gas Mcf <u>30</u>	Water Bbls. <u>3bpd</u>	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)

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X
2714

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-31-2210 OR 800-457-8676

TICKET NUMBER **07041**
LOCATION BV
FOREMAN Jeff Graham

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-2-06	6236	Moyer #1				MG
CUSTOMER: <u>Production Maintenance</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			419	Michael		
CITY			451764	Danberry		
STATE			117	Chambers		
ZIP CODE			407	Wynfield		

JOB TYPE L.S. HOLE SIZE 6 3/4 HOLE DEPTH 1588 CASING SIZE & WEIGHT 4" 10.5#
 CASING DEPTH 1586 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.9 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING - 0 -
 DISPLACEMENT 25.3 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Ran gel/flow/H₂O test circ. - pumped 180 sk cement - shut down - hand off out lower pump - dropped plug - displaced to bottom & set - shut in -

- CIRC. cement to surface -

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5900	1	PUMP CHARGE LONGSTRING		200.00
5900	33 mi	MILEAGE		103.95
5907	MIN	BUCK TRK		275.00
5514	3 1/2 HR	TRANSPORT		343.00
5522	3 1/2 HR	80 WRE		315.00
1101	180 sk 16.92#	Cement		2030.40
1102	36 sk 1800#	GILSONITE		822.00
1103	9 sk 450#	SALT		130.50
1108	10 sk 500#	GEL		70.00
1109	3 sk 120#	pheno seal		120.00
1123	6300 gm	City H ₂ O		80.64
4404	1 ea	4 1/2" Rubber plug		40.00
5902	1586'	P00 TABE		269.62

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SALES TAX ESTIMATED TOTAL 174.87
TOTAL 5580.47 98

205199

AUTHORIZATION _____ TITLE _____ DATE _____