

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 8996
Name: Mid Continent Resources, Inc.
Address: PO Box 399 180' W & 10' N
City/State/Zip: Garden City, KS 67846
Purchaser: _____
Operator Contact Person: Scott Corsair
Phone: (785) 398-2270
Contractor: Name: Petromark Drilling, LLC
License: 33323
Wellsite Geologist: Scott Corsair

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. _____
11/26/2005 12/6/2005 5/26/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 135-24412 -00-00
County: Ness
of S/2 SE NW Sec. 26 Twp. 19 S. R. 22 East West
2300 feet from S (N) (circle one) Line of Section
1800 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Dorsa Well #: 3
Field Name: Schaben
Producing Formation: Chase
Elevation: Ground: 2256' Kelly Bushing: 2262'
Total Depth: 4407' Plug Back Total Depth: 4345'
Amount of Surface Pipe Set and Cemented at 252 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2447 Feet
If Alternate II completion, cement circulated from 2475
feet depth to surface w/ 300 sx cmt.

Drilling Fluid Management Plan AH II NR
(Data must be collected from the Reserve Pit) 11-12-08
Chloride content 48000 ppm Fluid volume 785 bbls
Dewatering method used evaporation
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: [Signature]
Title: Petroleum Engineer Date: 6/3/2006
Subscribed and sworn to before me this 3rd day of July
19 2006.
Notary Public: Bernice Moore
Date Commission Expires: 2/7/10



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

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Operator Name: Mid Continent Resources, Inc. Lease Name: Dorsa Well #: 3
 Sec. 26 Twp. 19 S. R. 22 East West County: Ness

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1498	+764
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chase	2348	-86
List All E. Logs Run:		Heebner	3725	-1463
		Lansing	3773	-1511
		Ft. Scott	4278	-2016
		Cherokee	4300	-2038
		Mississippian	4366	-2104
		TD	4407	-2148
Dual Induction, Neutron/Density				

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	12 1/4"	8 5/8"	23	252'	common	170	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4404'	EA-2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2447'-surf.	SMD	300	

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>	
		Amount	Depth
		1500 gallons of 20% DSFE (non-commercial)	4404-07'
	CIBP set @ 4245'		
4	2364-68' & 2374-80'		

TUBING RECORD		Size	Set At	Packer At	Liner Run			
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Enhr. SIGW			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
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	<u>2364-68' & 2374-80'</u>



CHARGE TO: *Household Waste - Mid Cont Cont Inc*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
8793

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>MOBILE</i>	WELL/PROJECT NO. <i>PC</i>	LEASE <i>Dura</i>	COUNTY/PARISH <i>Mo</i>	STATE <i>KS</i>	CITY	DATE <i>12/01/05</i>	OWNER
2. <i>NESS CITY MO</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Network #1</i>	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>Co. / Auto parts</i>	ORDER NO.	
3.	WELL TYPE <i>C-1</i>	WELL CATEGORY <i>Durables</i>	JOB PURPOSE <i>5 1/2 Long string</i>	WELL PERMIT NO. <i>15-05-4412-000</i>	WELL LOCATION <i>site, #1, #2, #3</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #105	30	mi	4.00		120.00
575		1			King Service	1	pc	1750	pc	1750.00
231		1			Liquid WCL	2	gal	25	gal	50.00
231		1			Mid Flash	500	gal	70	gal	370.00
290		1			D-Air	2	gal	20	gal	40.00
402		1			Con. Hammers	8	pc	60	pc	480.00
403		1			Con. Drift	2	pc	225	pc	450.00
404		1			Roller Collar - 2500SS	1	pc	2000	pc	2000.00
406		1			Latch Down. Pkg 2 Gallic	1	pc	210	pc	210.00
407		1			Flight Flat Shoe w/ A.W.F.I.I	1	pc	250	pc	250.00
4		1			Water Hand Pencil	1	pc	250	pc	250.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

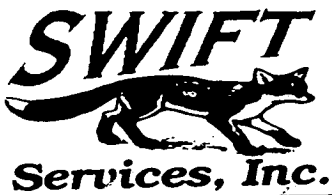
DATE SIGNED: *12/01/05* TIME SIGNED: *2:30*

A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	5475.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				TOTAL	7910.69
WE UNDERSTOOD AND MET YOUR NEEDS?				TAX	
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TOTAL	
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



CHARGE TO: MED CONSULT RESOURCES
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 9496

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY	DATE	OWNER
1. <u>NESS CITY, KS</u>	<u>#3</u>	<u>DORSA</u>	<u>NESS</u>	<u>Ks</u>		<u>12-16-05</u>	<u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>H-D</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOWTOW</u>	ORDER NO.	
3.	WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CSMT PORT COLLAR</u>	WELL PERMIT NO.	WELL LOCATION <u>DADELE, KS - 55, 1 1/2 W, 55</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE * 104	20	MC			4.00	80.00
577		1			PUMP SERVICE	1	JOB			800.00	800.00
105		1			PORT COLLAR ORDER TOOL	1	JOB			400.00	400.00
330		1			SWIFT MULTI-DESIGN STANDARD	300	WS			11.50	3450.00
276		1			FLOCELE	88	WS			1.10	96.80
287		1			GASSTOP	100	WS			6.50	650.00
581		1			SERVICE CHARGE - CSMT	350	WS			1.10	385.00
583		1			DAMAGE	349.98	WS	349.98	M	1.00	349.98

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
 DATE SIGNED 12-16-05 TIME SIGNED 1145 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6211.78
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAYNE WILSON APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 12-16-05 PAGE NO. 1

CUSTOMER
M&D CONTRACT SERVICES

WELL NO. #3

LEASE
DOLSA

JOB TYPE
CEMENT PORT COLLAR

TICKET NO.
9196

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1145							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 2447'
	1245				✓		1000	RE-TEST CASING - HEAD
	1315	3	2	✓		600		OPEN PORT COLLAR - 2 JT RATE
	1325	3 1/2	139	✓		450		MIX CEMENT 250 SKS SAND W/ FLOCC
		3	14	✓		350		50 SKS SAND W/ FLOCCS - GASSTOP
	1415	2 1/2	9	✓		650		DISPLACE CEMENT HOLDING - 350 PSI
	1420				✓		1000	CLOSE PORT COLLAR - PRE-TEST - HEAD
								CIRCULATE 20 SKS CEMENT TO PET
	1435	3	20		✓		500	RUN 3 JTS - CIRCULATE CLEAR
								WASH UP
	1500							JOB COMPLETE
								THANK YOU LARRY, AUSTY, SHANE, BRETT

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