

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 # 8996  
Name: Mid Continent Resources, Inc.  
Address: PO Box 399 50' E of  
City/State/Zip: Garden City, KS 67846  
Purchaser: NCRA  
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. \_\_\_\_\_

<u>5/13/2006</u>	<u>5/24/2006</u>	<u>6/14/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24435-00-00  
County: Ness  
NW NE NW Sec. 26 Twp. 19 S. R. 22  East  West  
330 feet from S (N) (circle one) Line of Section  
1700 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 #: 4  
Field Name: Schaben

Producing Formation: Mississippian  
Elevation: Ground: 2243' Kelly Bushing: 2249'  
Total Depth: 4381' Plug Back Total Depth: NA  
Amount of Surface Pipe Set and Cemented at 236 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set 2455 Feet  
If Alternate II completion, cement circulated from 2455'  
feet depth to surface w/ 350 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content 47,000 ppm Fluid volume 750 bbls  
Dewatering method used evaporation  
Location of fluid disposal if hauled offsite: Alt II MR  
11-12-08  
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: 7/19/2006  
Subscribed and sworn to before me this 19th day of July,  
19 2006.  
Notary Public: Bernice Moore  
Date Commission Expires: 2/7/10



**KCC Office Use ONLY**

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 #: 4  
 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  Yes  No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
 (Submit Copy)

List All E. Logs Run:  
 Dual Induction, Neutron/Density

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	1490	+759
Chase	2340	-91
Heebner	3707	-1458
Lansing	3755	-1506
Ft. Scott	4258	-2009
Cherokee	4279	-2030
Mississippian	4350	-2101
TD	4381	-2132

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	236'	common	160	2% gel, 3% CC
Production	7 7/8"	5 1/2"	15.5	4378'	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	2455'-surf.	SMD	350	

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8"	4355'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
6/14/2006			<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
	25		7		

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 4378-81'  
 (If vented, Sumit ACO-18.)  Other (Specify) \_\_\_\_\_





CHARGE TO:  
**AMERICAN WARRIOR INC**  
 ADDRESS  
 CITY, STATE, ZIP CODE

TICKET  
 № 10315

PAGE 1 OF 2

1. SERVICE LOCATIONS <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b># 4</b>	LEASE <b>DORSA</b>	COUNTY/PARISH <b>NESS</b>	STATE <b>KS</b>	CITY	DATE <b>5-24-06</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>PETROMAR DRILG</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOUICAN</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>5 1/2" LONGSTREJG</b>	WELL PERMIT NO.		WELL LOCATION <b>BA22E, KS - SS, 1 3/4 W, SS</b>	
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM		
575		1			MILEAGE # 104	20		ME		4.00	80.00
578		1			PUMP SERVICE	1		JOB	4379	1250.00	1250.00
221		1			LIQUID KCL	2		GAL		26.00	52.00
281		1			MUDFLUSH	500		GAL		.75	375.00
402		1			CENTRALIZERS	9		EA		60.00	540.00
403		1			CEMENT BASKETS	2		EA		230.00	460.00
404		1			PORT COLLAR 70PT. # 50	1		EA	2455	2000.00	2000.00
406		1			LATCH DOWN PUG & BAFFLE	1		EA		210.00	210.00
407		1			EASY FLOAT SLIDE W/FIL UP	1		EA		250.00	250.00
419		1			ROTATING HEAD RENTAL	1		JOB		250.00	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 **5-24-06** TIME SIGNED **0630**  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	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	5467.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	2485.09
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 *Wade Watson* APPROVAL

Thank You!



**JOB LOG**

**SWIFT Services, Inc.**

DATE 5-24-06 PAGE NO. 7

CUSTOMER *M32N W222222 J2C* WELL NO. *111* LEASE *DORSA* JOB TYPE *5 1/2" LONGSTAGE* TICKET NO. *10315*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0630							ON LOCATION
								TD-4380 SITE 4378
								TP-4379 5 1/2" / FT 155
								SI-40.12
								CONTROL VALVES - 1, 3, 5, 6, 49, 51, 52, 53, 73
								CMT BASKET 7, 50
								PORT COLLAR 2455 TOP JT " 50
	0715							DROP BALL CIRCULATE ROTATE
	0805	6	12				450	PUMP 500 GAL MUST FLUSH
	0807	6	20				450	PUMP 20 BBLS RCL-FINISH
	0815		4					PUG RH
	0817	5 1/2	36				350	MIX CEMENT - 150 SKS TA-2 W/ADDITIVES
	0826							WASH OUT PUMP. LEWS
	0828							RELEASE LATCH DOWN PUG
	0830	6 1/2	0					DISPLACE PUG
		6 1/2	93				750	SHUT OFF ROTATE
	0845	6	103.3				1500	PUG DOWN - PSE UP LATCH DOWN PUG
	0847						OK	RELEASE PSE-HELD
								WASH UP TRUCK
	0930							JOB COMPLETE
								THANK YOU WAVE DUSTY BEST

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CHARGE TO: *American Airlines*

ADDRESS

CITY, STATE, ZIP CODE

TICKET  
# 10095

PAGE 1 OF 1

SERVICE LOCATIONS <i>Midland</i>	WELL/PROJECT NO. <i>#4</i>	LEASE <i>DDP's</i>	COUNTY/PARISH <i>Wab.</i>	STATE <i>K.</i>	CITY	DATE <i>5/26/06</i>	OWNER <i>Gene</i>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>HD</i>	RIG NAME/NO.	SHIPPED VIA <i>CIT</i>	DELIVERED TO <i>Loc.</i>	ORDER NO.		
WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cont. Post Culture</i>	WELL PERMIT NO.	WELL LOCATION			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
<i>515</i>		<i>1</i>			MILEAGE # <i>104</i>	<i>20</i>	<i>mi</i>	<i>4</i>	<i>00</i>	<i>80</i>
<i>518</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>ea</i>	<i>1250</i>	<i>00</i>	<i>1250</i>
<i>521</i>		<i>1</i>			<i>Service Charge</i>	<i>350</i>	<i>ea</i>	<i>1</i>	<i>00</i>	<i>385</i>
<i>522</i>		<i>1</i>			<i>Drayage</i>	<i>349.11</i>	<i>TRAILER</i>	<i>1</i>	<i>00</i>	<i>349</i>
<i>530</i>		<i>1</i>			<i>Smile</i>	<i>350</i>	<i>ea</i>	<i>13</i>	<i>00</i>	<i>4200</i>
<i>516</i>		<i>1</i>			<i>Floote</i>	<i>75</i>	<i>ea</i>	<i>1</i>	<i>95</i>	<i>93</i>
<i>517</i>		<i>1</i>			<i>Gen Stop</i>	<i>94</i>	<i>ea</i>	<i>7</i>	<i>00</i>	<i>658</i>
<i>529</i>		<i>1</i>			<i>Post Culture Test Rental</i>	<i>1</i>	<i>ea</i>	<i>400</i>	<i>00</i>	<i>400</i>

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

SIGNED: *[Signature]* TIME SIGNED:  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	<i>7,415</i>	<i>56</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
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						

JOB LOG

SWIFT Services, Inc.

DATE 5-26-06 PAGE NO. 7

CUSTOMER *Amco Services* WELL NO. *4* LEASE *Dura #4* JOB TYPE *Cond. Pore Control* TICKET NO. *10073*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:00							On loc. with 1000 psi Lease Pore Control
	13:30	3				1000 400	1000	Proc. 1 + 1000 psi hold open P.C. Inj. rate 3 BPM Start mixing 300 lb SMC 117% 50% SMC wash C-Top
	14:15							Cond. to surface 15 min to Pt Start D-1. Finish D-1. Close P.C. 1000 Test to 1000 psi Run 4 TI. Tubing Circulate hbk chgs wash and recording toward Job complete

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*Handwritten initials*

*Handwritten signature*