

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 # 33534
Name: RDH Enterprises, Inc.
Address: P.O. Box 716
City/State/Zip: El Reno, OK 73036
Purchaser: Western Gas Resources
Operator Contact Person: Randal D. Haley
Phone: (405) 262-9116
Contractor: Name: Titan Drilling
License: 33630
Wellsite Geologist: Tom Farrell

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>5/7/06</u>	<u>5/13/06</u>	<u>7/20/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 033214680000
County: Comanche
_____ ^{NW/4} Sec. 15 Twp. 35 S. R. 16 East West
1320' feet from S / (N) (circle one) Line of Section
1470' feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Neil Well #: 1-15

Field Name: Aetna Gas Area

Producing Formation: Mississippi

Elevation: Ground: 1929 Kelly Bushing: 1941

Total Depth: 5600' Plug Back Total Depth: 5420

Amount of Surface Pipe Set and Cemented at 1005 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Alt-Dig - 11-19-08

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume _____ bbls

Dewatering method used haul off/ evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: Oil Producers Inc. of Kansas

Lease Name: Leon May 1-13 License No.: D28472

Quarter _____ Sec. 13 Twp. 35S S. R. 16 East West

County: Comanche Docket No.: 28472

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.

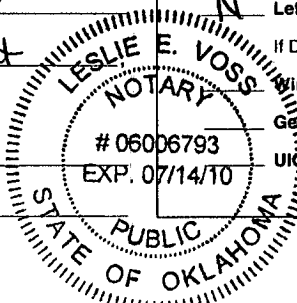
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: President Date: August 9, 2006

Subscribed and sworn to before me this 9 day of August

20 06.
Notary Public: [Signature]

Date Commission Expires: July 14, 2010



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: RDH Enterprises, Inc. Lease Name: Neil #1-15 Well #: 1-15
 Sec. 15 Twp. 35 S. R. 16 East West County: Comanche County

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Mississippi 5382 TD
 Mississippi 5362 5386

List All E. Logs Run:

Array Induction
 Photo Density
 Comp Neutron
 Micro Log
 Cement Bond Log

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 1/2"	8 5/8"	24#	1050'	Class H	550	3% CC
Production	7 7/8"	4 1/2"	11.6#	5600'	Class H	180	5% CS 10% Salt

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
2	5426-5442		
2	5392-5418	6714 BBL Slick water	
2	5366-5386	with 15% Retarded Acid	
	CI bridge Plug @5420'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	5376	NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
7/20/06	<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
Trace		100	202 BBL SW		

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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Allied Cementing Co., Inc
P.O. Box 31

Russell, KS 67665

*
* I N V O I C E *
*

Invoice Number: 102418

Invoice Date: 05/18/06

Sold RDH Enterprises, Inc.
To: P. O. Box 716
El Reno, OK
73036

Cust I.D.....: RDH
P.O. Number...: Neil 1-15
P.O. Date.....: 05/18/06

Due Date.: 06/17/06
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
ASC	200.00	SKS	14.5000	2900.00	T
KolSeal	1000.00	LBS	0.6500	650.00	T
FL=160	112.00	LBS	9.6000	1075.20	T
Mud Clean	250.00	GAL	1.0000	250.00	T
Mud Clean "C"	250.00	GAL	1.2500	312.50	T
Handling	260.00	SKS	1.7000	442.00	E
Mileage	50.00	MILE	18.2000	910.00	E
260 sks @.07 per sk per mi					
Head Rental	1.00	PER	100.0000	100.00	E
AFU Float Shoe	1.00	EACH	200.0000	200.00	T
Latch Down	1.00	EACH	300.0000	300.00	T
Centralizers	8.00	EACH	45.0000	360.00	T
Production	1.00	JOB	1770.0000	1770.00	E
Mileage pmp trk	50.00	MILE	5.0000	250.00	E

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 951.97
ONLY if paid within 30 days from Invoice Date

Subtotal: 9519.70
Tax.....: 320.53
Payments: 0.00
Total...: 9840.23

8888.26

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COPY

ALLIED CEMENTING CO., INC.

23905

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>5-14-06</u>	SEC <u>15</u>	TWP. <u>35 S</u>	RANGE <u>16W</u>	CALLED OUT <u>12:00</u>	ON LOCATION <u>1:00 AM</u>	JOB START <u>9:45 AM</u>	JOB FINISH <u>10:30 AM</u>
EASE <u>Neil</u>	WELL # <u>1-15</u>	LOCATION <u>Hardtner, KS. West to</u>	COUNTY <u>Branch</u>	STATE <u>KS.</u>			
OLD OR <input checked="" type="radio"/> NEW (Circle one)			Co. line <u>5/into</u>				

CONTRACTOR Titan

TYPE OF JOB production

HOLE SIZE 7 7/8 T.D. 5598'

CASING SIZE 4 1/2 x 11.6 DEPTH 5600'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 1750 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42

CEMENT LEFT IN CSG. _____

OWNER RDH Enterprises

PERFS. _____

DISPLACEMENT 87 Bbls Freshwater

EQUIPMENT _____

PUMP TRUCK # 414 CEMENTER Carl Balding
HELPER Dennis Custerberg

BULK TRUCK # 389 DRIVER Greg Greiver

BULK TRUCK # _____ DRIVER _____

CEMENT

AMOUNT ORDERED

<u>200 5x H ASC + 5 Kolsal + .6% FI-160</u>			
<u>250 Gal mudclean</u>	<u>250 Gal mudclean C</u>		
COMMON _____	@ _____		
POZMIX _____	@ _____		
GEL _____	@ _____		
CHLORIDE _____	@ _____		
ASC _____	@ _____		
<u>H: ASC 200 5x</u>	@ <u>14.50</u>	<u>2900.00</u>	
<u>Kol-seal 1000 #</u>	@ <u>.65</u>	<u>650.00</u>	
<u>FI-160 112 #</u>	@ <u>9.60</u>	<u>1075.20</u>	
<u>Mud-clean 250 gal</u>	@ <u>1.00</u>	<u>250.00</u>	
<u>Mud-clean C 250 gal</u>	@ <u>1.25</u>	<u>312.50</u>	
_____	@ _____		
_____	@ _____		
HANDLING <u>260</u>	@ <u>1.70</u>	<u>442.00</u>	
MILEAGE <u>.07/50/260</u>		<u>910.00</u>	
TOTAL		<u>6539.70</u>	

REMARKS:

Run 5600' 4 1/2 csg Drop ball + Circulate on bottom w/ Rig for 45 mins. Pump 250 Gals Mud-clean C + 250 gal Mud-clean plug Bat + mouse w/ 20 5x Cement mix + pump 180 5x H ASC + additives Wash out pump + lines Kolsal plug + Dig w/ Bbls fresh Land plug + float hold.

CHARGE TO: RDH Enterprises

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>5600'</u>		
PUMP TRUCK CHARGE _____		<u>1770.00</u>
EXTRA FOOTAGE _____	@ _____	
MILEAGE <u>50</u>	@ <u>5.00</u>	<u>2500.00</u>
MANIFOLD _____	@ _____	
<u>Head Rental</u>	@ <u>100.00</u>	<u>100.00</u>
_____	@ _____	
TOTAL		<u>2120.00</u>

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To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

4 1/2" PLUG & FLOAT EQUIPMENT

<u>1- AFU Float Shoe</u>	@ <u>200.00</u>	<u>200.00</u>
<u>1- Catch Down plug</u>	@ <u>300.00</u>	<u>300.00</u>
<u>8- Centralizers</u>	@ <u>45.00</u>	<u>360.00</u>
_____	@ _____	
ANY APPLICABLE TAX _____	@ _____	
WILL BE CHARGED UPON INVOICING		TOTAL <u>860.00</u>
TAX _____		
TOTAL CHARGE _____		
DISCOUNT _____		IF PAID IN 30 DAYS

SIGNATURE

Jim Thomas

PRINTED NAME

COPY