

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 # 9684  
Name: M S Drilling  
Address: P. O. Box 87  
City/State/Zip: St. Paul, KS 66771  
Purchaser: waiting on pipeline connection  
Operator Contact Person: Mark Smith  
Phone: (620) 449-2200  
Contractor: Name: Company Tools  
License: 9684  
Wellsite Geologist: N/A

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: N/A

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. \_\_\_\_\_  
7-16-06 8-13-06 8-14-06  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-21825-0000  
County: Crawford

W2SW - SE-NE Sec. 21 Twp. 29 S. R. 24  East  West  
2310 feet from S / (N) (circle one) Line of Section  
1155 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) (NE) SE NW SW  
Lease Name: Taylor Well #: 21-4

Field Name: Wildcat  
Producing Formation: Mississippi  
Elevation: Ground: 955 Kelly Bushing: \_\_\_\_\_  
Total Depth: 377 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 N/A Feet  
If Alternate II completion, cement circulated from 20  
feet depth to Surface w/ 5 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit) N/A  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: N/A  
Operator Name: N/A  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

Alt 2 - Dig - 11/26/08

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: Mark A. Smith  
Title: operator Date: 10-18-06  
Subscribed and sworn to before me this 18 day of October  
2006  
Notary Public: Crystal D. Kerley  
Date Commission Expires: September 2, 2008

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

CRYSTAL D. KERLEY  
Notary Public - State of Kansas  
My Appt. Expires 9-2-2008

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Operator Name: M S Drilling Lease Name: Taylor Well #: 21-4  
 Sec. 21 Twp. 29 S. R. 24  East  West County: Crawford

**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:

None

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
	Name	Top Datum
	Croweburg Shale	63' +892'
	Tebo Shale	142' +813'
	Mississippi LS	360' +595'
	RTD	377' +578'

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9-7/8"	6-5/8"	15	20	Portland	5	1% CCL
Production	5-7/8"	2-7/8"	6.5	377	Portland	40	1% CCL

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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  Vented  Sold  Used on Lease (If vented, Submit ACO-18.)

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

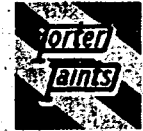
Production Interval \_\_\_\_\_

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# CRAWFORD COUNTY LUMBER INC.

308 EAST FOREST  
GIRARD, KS 66743  
(620) 724-8714



## INVOICE

HOME OWNED - HOME OPERATED

DATE	INVOICE #	PAGE
05-18-2006	76612	1

SOLD TO

CASH SALE

SHIP TO

ITEM NO.	SKU NO.	ITEM/DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
		PORTLAND CEMENT	450.00	7.50	3375.00
ACCT BALANCE:					0.00
17% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES					
SIGNATURE					
SUB TOTAL					3375.00
OTHER AMT					
SALES TAX					246.38
SHIPPING					
TOTAL AMT					
TENDERED					
CHANGE					
BALANCE					3621.38
<b>THANK YOU!</b>					

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