

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 # 06926
 Name: Advantage Resources, Inc.
 Address: 1775 Sherman Street Suite 1700
 City/State/Zip: Denver, CO 80203
 Purchaser: _____
 Operator Contact Person: Louis C. Bortz
 Phone: (303) 831-1912
 Contractor: Name: Pickrell Drilling
 License: 5123
 Wellsite Geologist: Thomas Pronold
 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. _____
3/29/06 4/7/06 4/7/06
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 097-21587-0000
 County: Kiowa
N W/4 Sec. 20 Twp. 28 S. R. 17 East West
920 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Hal Ross Well #: B-1
 Field Name: Hardy
 Producing Formation: _____
 Elevation: Ground: 2219 Kelly Bushing: 2224
 Total Depth: 4940 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 302 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.

Drilling Fluid Management Plan P+A AIT I NR
 (Data must be collected from the Reserve Pit) 11-3-08
 Chloride content 17,000 ppm Fluid volume 1600 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: Heather Shawhan
 Title: Vice President
 Date: 05-04-06
 Subscribed and sworn to before me this 4th day of May, 2006.
 Notary Public: Heather Shawhan
 Date Commission Expires: 07.12.2009

KCC Office Use ONLY

Letter of Confidentiality Received
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
 MAY 10 2006
 KCC WICHITA

Operator Name: Advantage Resources, Inc. Lease Name: Hal Ross Well #: B-1
 Sec. 20 Twp. 28 S. R. 17 East West County: Kiowa

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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	Heebner	4090 -1866
	Brown Lime	4241 -2017
	Lansing	4258 -2034
	Drum	4423 -2199
	Pawnee	4742 -2518
	Cherokee	4780 -2556
	Mississippian	4851 -2627
	Kinderhook	4911 -2716

Total Depth 4940 - 2716

CASING RECORD <input 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"	24#	302	60-40	300	3% cc

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

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 _____

RECEIVED
MAY 10 2006
KCC WICHITA

ALLIED CEMENTING CO., INC.

16719

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge

DATE <u>4-8-06</u>	SEC. <u>20</u>	TWP. <u>28S</u>	RANGE <u>17W</u>	CALLED OUT <u>12:30 AM.</u>	ON LOCATION <u>3:00 AM.</u>	JOB START <u>8:00 AM.</u>	JOB FINISH <u>10:00 AM.</u>
LEASE <u>HAL-ROSS</u>	WELL # <u>A-1B-1</u>	LOCATION <u>Brenham Elevator</u>			COUNTY <u>Kiowa</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1/8W 1/4S 1/8E S.1T0</u>				

CONTRACTOR Pickrell
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 1100
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 1100
 TOOL _____ DEPTH _____
 PRES. MAX — MINIMUM —
 MEAS. LINE _____ SHOE JOINT —
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT Fresh Water

OWNER Advantage Resources

CEMENT AMOUNT ORDERED 145 SX 60:40:6

COMMON	<u>87 A</u>	@	<u>9.60</u>	<u>835.20</u>
POZMIX	<u>58</u>	@	<u>5.20</u>	<u>301.60</u>
GEL	<u>8</u>	@	<u>15.00</u>	<u>120.00</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
HANDLING	<u>153</u>	@	<u>1.70</u>	<u>260.10</u>
MILEAGE	<u>25 x 15.3 x .07</u>	@	_____	<u>26.75</u>
TOTAL				<u>1784.65</u>

EQUIPMENT

PUMP TRUCK CEMENTER David W.
 # 372 HELPER Mike B.
 BULK TRUCK
 # 364 DRIVER Thomas D.
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

1st Plug at 1100 FT Mix 50sx 60:40:6 Displace w/ 9 BBS, Water 2nd Plug at 330 FT Mix 50sx 60:40:6 Displace w/ 1/2 BBS, Water 3rd Plug at 60 FT CIRC CEMENT TO SURFACE w/ 20sx 60:40:6 Plug Rat + Mouse w/ 25sx 60:40:6 Wash up Rig Down.

SERVICE

DEPTH OF JOB	<u>1100'</u>	_____	_____
PUMP TRUCK CHARGE	_____	_____	<u>730.00</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>25</u>	@	<u>5.00</u>
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
TOTAL <u>855.00</u>			

CHARGE TO: Advantage Resources

STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____
_____	_____	@	_____

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING TOTAL _____

TAX	_____
TOTAL CHARGE	_____
DISCOUNT	_____ IF PAID IN 30 DAYS

SIGNATURE X Mike Kern

SIGNATURE X Mike Kern
 PRINTED NAME _____

RECEIVED
 MAY 10 2006
 KCC WICHITA

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.

ALLIED CEMENTING CO., INC.

16749

Federal Tax I.D.#

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

MEDICINE LODGE

DATE <u>3-29-06</u>	SEC. <u>20</u>	TWP. <u>28S</u>	RANGE <u>17W</u>	CALLED OUT <u>5:30 pm</u>	ON LOCATION <u>5:30 pm</u>	JOB START <u>12:15 am</u>	JOB FINISH <u>1:15 am</u>
LEASE <u>VAL-ROSS</u>	WELL # <u>B-1</u>	LOCATION <u>BRENHAM ELEVATOR, 1/8 W, 1/2 S,</u>			COUNTY <u>KLONA</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>1/8 E, SOUTH 1/2</u>				

CONTRACTOR PICKRELL

TYPE OF JOB SURFACE CASING

HOLE SIZE 12 1/4" T.D. 307'

CASING SIZE 8 3/8" DEPTH 302'

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 MINIMUM 50

MEAS. LINE _____ SHOE JOINT 15'

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 18 1/4 bbl. FRESH WATER

OWNER ADVANTAGE RESOURCES

CEMENT

AMOUNT ORDERED 300 sk 60:40:2+3% cc

COMMON	<u>180</u>	<u>A</u>	@	<u>9.60</u>	<u>1728.00</u>
POZMIX	<u>120</u>		@	<u>5.20</u>	<u>624.00</u>
GEL	<u>5</u>		@	<u>15.00</u>	<u>75.00</u>
CHLORIDE	<u>10</u>		@	<u>42.00</u>	<u>420.00</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<u>315</u>		@	<u>1.70</u>	<u>535.50</u>
MILEAGE	<u>60 x 315 x .07</u>				<u>1323.00</u>
					TOTAL <u>4705.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER BILL M.

360 HELPER DWAYNE W.

BULK TRUCK

381 DRIVER CLINT W.

BULK TRUCK

_____ DRIVER _____

REMARKS:

PIPE ON BOTTOM, BREAK CIRCULATION, PUMP
PRE-FLUSH, PUMP 300 SK 60:40:2+3% CC,
STOP PUMPS, RELEASE PLUG, START
DISPLACEMENT, DISPLACE WITH 18 1/4 bbl.
FRESH WATER, STOP PUMPS, SHUT-IN.
CIRCULATED CEMENT.

SERVICE

DEPTH OF JOB 302'

PUMP TRUCK CHARGE 0-300' 735.00

EXTRA FOOTAGE 2' @ .60 1.20

MILEAGE 60 @ 5.00 300.00

HEAD RENT @ 100.00 100.00

@ _____

@ _____

TOTAL 1136.20

CHARGE TO: ADVANTAGE RESOURCES

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____

8 3/8" RUBBER PLUG 1 @ 100.00 100.00

@ _____

@ _____

@ _____

ANY APPLICABLE TAX
WILL BE CHARGED TOTAL 100.00
UPON INVOICING

TAX _____

TOTAL CHARGE [scribble]

DISCOUNT [scribble] IF PAID IN 30 DAYS

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.

SIGNATURE [Signature]

MIKE KERN
PRINTED NAME

RECEIVED
MAY 10 2006
KCC WICHITA