

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 # 5455
Name: Crawford Oil Company
Address: P.O. Box 1366
City/State/Zip: El Dorado, Kansas 67042
Purchaser: NCRA
Operator Contact Person: Larry Dale Crawford
Phone: (316) 377-3373
Contractor: Name: American Eagle Drilling
License: 33493
Wellsite Geologist: Ted Jochems

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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. _____

1-13-2006	1-21-2006	1-28-2006
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 195-22318-0000
County: Trego
_____ APSE _____ SE SW _____ NE Sec. 6 Twp. 15 S. R. 21W East West
2450 feet from S N (circle one) Line of Section
1350 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Schmidt Well #: 2-6
Field Name: Karis North

Producing Formation: Cherokee
Elevation: Ground: 2218 Kelly Bushing: 2225
Total Depth: 4170 feet Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 208 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1594 Feet
If Alternate II completion, cement circulated from 1594
feet depth to Surface w/ 150 sx cmt.

Drilling Fluid Management Plan Ait II NR
(Data must be collected from the Reserve Pit) 1-3-08
Chloride content 3200 ppm Fluid volume 6800 bbls
Dewatering method used Evaporation and backfill
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: Larry Dale Crawford
Title: Owner/Operator Date: 5-2-06

Subscribed and sworn to before me this _____ day of _____
20.06 Patricia A. Moore
Notary Public - State of Kansas
My Appt. Expires 7-30-06
Notary Public: _____
Date Commission Expires: 7-30-08

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

Operator Name: Crawford Oil Company Lease Name: Schmidt Well #: 2-6
 Sec. 6 Twp. 15 S. R. 21W East West County: Trego

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 / Dual Receiver Cement Bond /
 Compensated Density / Neutron PE log**

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Stone Corral	1586	+639
Heebner	3596	-1371
Lansing	3635	-1410
BKC	3914	-1689
Pawnee	3985	-1760
Cherokee B	4090	-1865
Cherokee Kutina	4118	-1893
Mississippian	4163	-1938

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 7/8"	24#	208'	Common	165	3%cc,2%gel
Production	7 7/8"	5 1/2"	15.5 R-3	4170 feet	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 type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1594'	SMD	200	1/4 # flocele
Cementing of	port collar to protect	fresh water		

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
4	4117.5' to 4118.5'	None	

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TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8 "	4097		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
2-7-2006			<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
	60		0		38

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) _____

JOB LOG

SWIFT Services, Inc.

DATE 1-25-06 PAGE NO. 7

CUSTOMER CRAWFORD OZ WELL NO. 2-6 LEASE SCHMIDT JOB TYPE CEMENT PORT COLLAR TICKET NO. 9744

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							ON LOCATION
								2 7/8 x 5 1/2 PORT COLLAR = 1594'
	1455				✓		1000	PSI TEST CASING - HEAD
	1500	3	6	✓		300		OPEN PORT COLLAR - TEST RATE
	1505	3 1/2	111	✓		250 ^{AK}		MIX CEMENT 200 SPS SMLS 1/4" / SK FLORES
	1530	3 1/2	8	✓		500		DISPLACE CEMENT
	1540			✓		1000		CLOSE PORT COLLAR - PSI TEST - HEAD
								CIRCULATED 15 SPS CEMENT TO PORT
	1555	3	25	✓		350		RUN 4 JTS CIRCULATE CLEAN
								WASH UP PUMP
								PULL TOOL
	1630							JOB COMPLETE

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 THANK YOU
 WANE, DUSTY, BRETT



CHARGE TO:
 CRAWFORD OZL
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 9744

PAGE 1 OF 1

SERVICE LOCATIONS 1. NESS CITY KS	WELL/PROJECT NO. 2-6	LEASE SCHMIDT	COUNTY/PARISH TR CO	STATE KS	CITY	DATE 1-25-06	OWNER SANT
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR FARZUK TRUCKING	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOUATON	ORDER NO.	
3.	WELL TYPE OZL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE CRAWFORD COLLAR	WELL PERMIT NO.	WELL LOCATION CRAWFORD FIELD - SOUTH 24		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M				
575		1			MILEAGE #104	40	mi			1.00	160.00
577		1			PUMP SERVICE	1				800.00	800.00
105		1			PUMP COLLAR OPENING TOOL	1				400.00	400.00
330		1			SWIFT MULTI-DUTY SIGNER	200	hrs			11.50	2300.00
276		1			FLUID	63	gals			1.10	69.30
581		1			5 RIGS CHARGE C W/T	250	hrs			1.10	275.00
583		1			DEVELOP	24963	hrs	499.26	hr	1.00	499.26

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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 1-25-06 TIME SIGNED 1400 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	4503.56
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					

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-25-06 PAGE NO. 1

CUSTOMER CRAWFORD 077 WELL NO. 2-6 LEASE SCHMIDT JOB TYPE C/MWT PORT COLLAR TICKET NO. 9744

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1400							ON LOCATION	
								2 7/8 x 5/2 PORT COLLAR = 1594'	
								RECEIVED MAY 03 2006 KCC WICHTA	
	1511				✓		1000		PSY TEST CASING - 11 1/2
	1520	3	6	✓			300		OPEN PORT COLLAR - 2 1/2 RATE
	1525	3 1/2	111	✓			250 ^{AVE}	MAX C/MWT 200 SVS SMD 1/4" / SV FLOOR	
	1530	3 1/2	8	✓			500	DISPACI C/MWT	
	1540				✓		1000	CLOSE PORT COLLAR - PSY TEST - 11 1/2	
								CIRCULATE 1/2 SVS C/MWT TO POT	
	1555	3	25		✓		350	RUN 4 SVS CIRCULATE CLEAN	
								WASH UP TOOL	
								PULL TOOL	
	1630							JOB COMPLETE	
								THANK YOU	
								WASH, DUST, PRT	