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10/09/08

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5259
Name: Mai Oil Operations, Inc.
Address: P.O. Box 33
City/State/Zip: Russell, Ks. 67665
Purchaser: N/A
Operator Contact Person: Allen Bangert
Phone: (785) 483-2169
Contractor: Name: Southwind Drilling, Inc.
License: 33350
Wellsite Geologist: Jim Musgrove
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. _____
5-05-08 5-19-08 5-19-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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CONSERVATION DIVISION
WICHITA, KS

API No. 15 - 007-23291-0000
County: Barber
E/2 - W/2 - NE - Sec. 2 Twp. 30 S. R. 14 East West
1320' FNL _____ feet from S / (N) (circle one) Line of Section
1650' FEL _____ feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Howell Well #: 1
Field Name: Wildcat
Producing Formation: Simpson Sand, Arbuckle
Elevation: Ground: 1947' Kelly Bushing: 1955'
Total Depth: 4559' Plug Back Total Depth: 4530'
Amount of Surface Pipe Set and Cemented at 211' 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 *AIT I NR*
(Data must be collected from the Reserve Pit) *11-17-08*
Chloride content 9,000 ppm Fluid volume 200 bbls
Dewatering method used Hauled Offsite
Location of fluid disposal if hauled offsite:
Operator Name: Mai Oil Operations, Inc.
Lease Name: Three Sisters License No.: 5259
Quarter SE Sec. 35 Twp. 29 S. R. 14 East West
County: Pratt Docket No.: D-26795

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: *Allen Bangert*
Title: Prod. Supt. Date: 10-05-08
Subscribed and sworn to before me this 7th day of October, 2008.
Notary Public: *Ashley Leiker*
Date Commission Expires: 2-15-2012

NOTARY PUBLIC - State of Kansas
ASHLEY LEIKER
My Appt. Exp. 2-15-2012

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

Operator Name: Mai Oil Operations, Inc. Lease Name: Howell Well #: 1
 Sec. 2 Twp. 30 S. R. 14 East West County: Barber

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:
 CNFD, DIL, , Micro

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 See Attached GEO Report

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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	17 1/2"	13 3/8"	48#	211'	Class "A"	225	2%gel,3%CC
Production	7 7/8"	5 1/2"	14#	4553'	60-40POZ	400	

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
4	4406-12', 4426-30', 4452-56', 4491-95'		

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8"	4525'			
Date of First, Resumerd Production, SWD or Enhr.			Producing Method			
10-2-08			<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	
	5	50	200			

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 4406-91' OA

ALLIED CEMENTING CO., LLC. 31158

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <u>5-20-08</u>	SEC. <u>2</u>	TWP. <u>30s</u>	RANGE <u>14W</u>	CALLED OUT <u>4:30 AM</u>	ON LOCATION <u>7:00 AM</u>	JOB START <u>12:30 pm</u>	JOB FINISH <u>2:00 pm</u>
LEASE <u>Howell</u>	WELL # <u>1</u>	LOCATION <u>Coats, KS, 1 E, 3 1/2 S.</u>			COUNTY <u>Berber</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)			<u>Wash into</u>				

CONTRACTOR Southwind
 TYPE OF JOB Prod. casing
 HOLE SIZE 7 7/8 T.D. 4559
 CASING SIZE 5 1/2 DEPTH 4553
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 2,000 psi MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 19
 CEMENT LEFT IN CSG. 19
 PERFS. _____
 DISPLACEMENT 112 bbls of 2% KCL water

OWNER MAI Operating
 CEMENT
 AMOUNT ORDERED 225 sk 60' 40' 2 + 10' salt + 6 sk KOI-seal + .5% CO-31 + 1/4 # F.S. 175 sk 50' 50' 2 + 10% SSIT + 1/4 # Flo-Salt 11 gallons Cipro

COMMON	<u>223 A</u>	@	<u>14.20</u>	<u>3166.60</u>
POZMIX	<u>177</u>	@	<u>7.20</u>	<u>1274.40</u>
GEL	<u>7</u>	@	<u>18.75</u>	<u>131.25</u>
CHLORIDE		@		
ASC		@		

EQUIPMENT

PUMP TRUCK. CEMENTER Mark B. / Derm F.
 # 372 HELPER Heggh M.
 BULK TRUCK. DRIVER Donald
 # 356
 BULK TRUCK. DRIVER Michael N.
 # 364

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REMARKS:

Pipe on bottom, break circulation with plug, set & mose hole, mix 200 sk of cement of last, mix 175 sk of tail cement. Shut down pumps, wash pump & lines, release plug, start displacement in pressure 92 bbls, slow rate to 3 bbls, bump plus 92 112 bbls @ 1300-2,000 psi plug did hold

<u>Salt 43</u>	@	<u>10.80</u>	<u>464.40</u>
<u>Flo Seal 100 #</u>	@	<u>2.25</u>	<u>225.00</u>
<u>Clu Pro 11 gal.</u>	@	<u>28.15</u>	<u>309.65</u>
<u>CD 31 97 #</u>	@	<u>8.45</u>	<u>819.65</u>
<u>Defoamer 32 #</u>	@	<u>8.10</u>	<u>259.20</u>
HANDLING	@	<u>455</u>	<u>2.15</u>
MILEAGE	@	<u>25 X 455 X .09</u>	<u>1023.75</u>
			TOTAL
			<u>8652.15</u>

SERVICE

DEPTH OF JOB	<u>4553</u>		
PUMP TRUCK CHARGE			<u>1969.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>25</u>	@	<u>7.00</u>
MANIFOLD		@	
<u>Hose rental</u>		@	<u>113.00</u>
			TOTAL
			<u>2257.00</u>

CHARGE TO: MAI Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2

<u>1- Laton down Plug</u>	@	<u>462.00</u>	<u>462.00</u>
<u>1- AFU float shoe</u>	@	<u>529.00</u>	<u>529.00</u>
<u>2- Baskets</u>	@	<u>186.00</u>	<u>372.00</u>
<u>14- Turbolizers</u>	@	<u>79.00</u>	<u>1106.00</u>

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or

ALLIED CEMENTING CO., LLC. 34029

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

<i>MAY08</i>	SEC. <i>02</i>	TWP. <i>30s</i>	RANGE <i>14w</i>	CALLED OUT <i>2:00AM</i>	ON LOCATION <i>5:00 Am</i>	JOB START <i>9:30AM</i>	JOB FINISH <i>10:00 AM.</i>
<i>Howell</i>	WELL # <i>1</i>	LOCATION <i>Coats, KS, 1E, 3 1/2 S, west in</i>			COUNTY <i>Barber</i>	STATE <i>KS</i>	
OR <input checked="" type="radio"/> NEW (Circle one)			to				

CONTRACTOR *Southwind #2*

TYPE OF JOB *Conductor*

HOLE SIZE *17 1/2* T.D. *215*

CASING SIZE *8 5/8* DEPTH *211*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *300* MINIMUM _____

MEAS. LINE _____ SHOE JOINT *n/a*

CEMENT LEFT IN CSG. *15*

PERFS. _____

DISPLACEMENT *30 3/4 Bbls Fresh H₂O*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felix*

352 HELPER *G. Grieve*

BULK TRUCK

356 DRIVER *R. Franklin*

BULK TRUCK

_____ DRIVER _____

OWNER *MAI Oper.*

CEMENT

AMOUNT ORDERED *225sx "A" + 3% cc + 2% gel*

COMMON	<i>225 A</i>	@	<i>14.20</i>	<i>3195.00</i>
POZMIX		@		
GEL	<i>4</i>	@	<i>18.75</i>	<i>75.00</i>
CHLORIDE	<i>8</i>	@	<i>52.45</i>	<i>419.60</i>
ASC		@		

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HANDLING	<i>237</i>	@	<i>2.15</i>	<i>509.55</i>
MILEAGE	<i>25 x 237 x .09</i>			<i>533.25</i>
				TOTAL <i>4732.40</i>

REMARKS:

Pipe on Bitum, Break Circ., Pump Spacers, Mix 22.5sx "A" 3% 2 Cement Start Dis. w/ Fresh H₂O, See increase in Pst, Slow Rate, Stop Pump at 30 3/4 Bbls total Dis. Shut in, Cement Dil Circulate

SERVICE

DEPTH OF JOB *211*

PUMP TRUCK CHARGE *917.00*

EXTRA FOOTAGE _____ @ _____

MILEAGE *25* @ *7.00* *175.00*

MANIFOLD _____ @ _____

TOTAL *1092.00*

CHARGE TO: *MAI Oper.*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

None

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or