

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 # 32278
 Name: Tengasco, Inc.
 Address: PO Box 458
 City/State/Zip: Hays, KS 67601
 Purchaser: _____
 Operator Contact Person: Gary Wagner
 Phone: (785) 625-6374
 Contractor: Name: Anderson Drilling
 License: 33237
 Wellsite Geologist: Mike Bair
 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. _____
5-26-06 6-01-06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 065-23155-00-00
 County: Graham
W/2 W/2 E/2 NE Sec. 4 Twp. 10 S. R. 21 East West
1320 feet from S / N (circle one) Line of Section
1100 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: DeYoung Well #: 6
 Field Name: Cooper
 Producing Formation: _____
 Elevation: Ground: 2283' Kelly Bushing: 2288'
 Total Depth: 3932' Plug Back Total Depth: -0-
 Amount of Surface Pipe Set and Cemented at 223 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.

RECEIVED
JUL 17 2006
KCC WICHITA

P/A - Dlg - 11-12-08

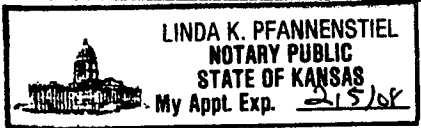
Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 1500 ppm Fluid volume 275 bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ 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: Gary Wagner
 Title: Production Manager Date: 7-14-06
 Subscribed and sworn to before me this 14th day of July
 20 06.
 Notary Public: Linda K. Pfannenstiel
 Date Commission Expires: 2/5/08

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



Operator Name: Tengasco, Inc. Lease Name: DeYoung Well #: 6
 Sec. 4 Twp. 10 S. R. 21 East West County: Graham

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction, Density Neutron, Micro, Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1749'</td> <td>+539</td> </tr> <tr> <td>Topeka</td> <td>3284'</td> <td>-996</td> </tr> <tr> <td>Toronto</td> <td>3516'</td> <td>-1228</td> </tr> <tr> <td>LKC</td> <td>3532'</td> <td>-1245'</td> </tr> <tr> <td>BLKC</td> <td>3753'</td> <td>-1465</td> </tr> <tr> <td>Arbuckle</td> <td>3860'</td> <td>-1564</td> </tr> </table>	Name	Top	Datum	Anhydrite	1749'	+539	Topeka	3284'	-996	Toronto	3516'	-1228	LKC	3532'	-1245'	BLKC	3753'	-1465	Arbuckle	3860'	-1564
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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 csg	12-1/4"	8-5/8"	23	223	Com	160	3% CC, 2% gel

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 <i>(Amount and Kind of Material Used)</i>	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) Dry Hole

Production Interval _____

ALLIED CEMENTING CO., INC. 24368

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

SERVICE POINT: R

DATE <u>6/1/06</u>	SEC. <u>4</u>	TWP. <u>10S</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION <u>5:00 P.M.</u>	JOB START	JOB FINISH <u>8:15 P.M.</u>
LEASE <u>DeYoung</u>	WELL # <u>10</u>	LOCATION <u>C.O.G. 1W 1/4S</u>			COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR A-A

TYPE OF JOB Rotary Plug

HOLE SIZE 2 7/8" T.D. 3932'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED 215 0040 600 GEL
1/4 # F10

COMMON	<u>129</u>	@	<u>1065</u>	<u>1373 85</u>
POZMIX	<u>86</u>	@	<u>580</u>	<u>498 80</u>
GEL	<u>11</u>	@	<u>1665</u>	<u>18315</u>
CHLORIDE		@		
ASC		@		
<u>FLOEAL 54#</u>		@	<u>2 00</u>	<u>108 00</u>
RECEIVED				
<u>JUL 17 2006</u>				
KCC WICHITA				
HANDLING	<u>226</u>	@	<u>190</u>	<u>429 40</u>
MILEAGE	<u>32/SL/MILE</u>			<u>1084 80</u>
				TOTAL <u>3678 00</u>

EQUIPMENT

PUMP TRUCK CEMENTER PAUL

398 HELPER CARY / JODY

BULK TRUCK

410 DRIVER BRIAN

BULK TRUCK

_____ DRIVER _____

REMARKS:

- 3850 - 253x
- 1725 - 253x
- 985 - 100 SP
- 268 - 40 SP
- 40 - 105x
- ROT HOLE - 15 SP

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>955 00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>60</u>	@	<u>5 00</u>
MANIFOLD		@	
TOTAL <u>1255 00</u>			

CHARGE TO: TENGA SCO

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>808 DRYABLE</u>	@	<u>35 00</u>
_____	@	
_____	@	
_____	@	
_____	@	
TOTAL <u>35 00</u>		

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Jerry Danyant

PRINTED NAME

