

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 # 5446
Name: BENJAMIN M. GILES
Address: 532 SOUTH MARKET
City/State/Zip: WICHITA, KS 67202
Purchaser: MACLASKEY OILFIELD SERVICE
Operator Contact Person: BEN GILES
Phone: (316) 265-1992
Contractor: Name: C-G DRILLING, INC.
License: 32701
Wellsite Geologist: _____

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 Into as follows:
Operator: ROSEN OIL CORP

Well Name: NEWCOMER A
Original Comp. Date: 10/20/1971 Original Total Depth: 3428
____ 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. _____

<u>08/03/2005</u>	<u>08/29/2005</u>	<u>11/10/2005</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

RECEIVED
 KANSAS CORPORATION COMMISSION
 AUG 17 2006
 CONSERVATION DIVISION
 WICHITA, KS

API No. 15 - 173-20082-00-01
County: SEDGWICK
NW - NW - NW - Sec. 35 Twp. 25 S. R. 1 East West
330 feet from S / N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: NEWCOMER Well #: A
Field Name: HALEY
Producing Formation: HUNTON
Elevation: Ground: 1392 Kelly Bushing: 1398
Total Depth: 3428 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 220 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.

WO-Dlg-11-19-08

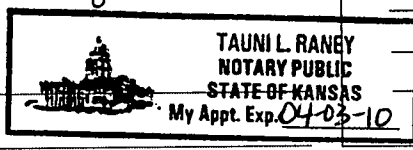
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ 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: Benjamin M. Giles
Title: Owner-Operator Date: 8-17-06
Subscribed and sworn to before me this 17th day of August

20 06
Notary Public: Tauri & Raney
Date Commission Expires: 04/03/2010



KCC Office Use ONLY

N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
____ UIC Distribution

Operator Name: BENJAMIN M. GILÉS Lease Name: NEWCOMER Well #: A
 Sec. 35 Twp. 25 S. R. 1 East West County: SEDGWICK

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center; font-weight: bold;">OWWO NO GEOLOGIST REPORT</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum OWWO
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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
WASHED DOWN & SCREWED ONTO OLD CASING AT 1550 WITH 5 1/2 CASING							

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
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TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 7/8				
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
		<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
	6 BOPD	NONE	300 BWPD	NONE	

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)* METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____