

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 # 32064  
Name: Monument Resources, Inc.  
Address: 2050 S. Oneida St., Suite 106  
City/State/Zip: Denver, Colorado 80224  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Tony Foust / Jeff Ogden  
Phone: (303) 692-9782 (913) 724-5333  
Contractor: Name: \_\_\_\_\_  
License: \_\_\_\_\_  
Wellsite Geologist: \_\_\_\_\_

Designate Type of Completion:  
\_\_\_\_ New Well    \_\_\_\_ Re-Entry     Workover  
\_\_\_\_ Oil    \_\_\_\_ SWD    \_\_\_\_ SIOW    \_\_\_\_ Temp. Abd.  
 Gas    \_\_\_\_ ENHR    \_\_\_\_ SIGW  
\_\_\_\_ Dry    \_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: Billy Oil, Inc  
Well Name: N. Hoppe # 3  
Original Comp. Date: 8-30-85    Original Total Depth: 1278  
\_\_\_\_ 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. \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
		<u>10/16/2006</u>

API No. 15 - 103-20441-00-01  
County: Leavenworth  
NW SW NW Sec. 29 Twp. 8 S. R. 22  East  West  
3630 feet from (S) N (circle one) Line of Section  
4950 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Hoppe Well #: N-3  
Field Name: Slammer Northeast/Possum Hollow  
Producing Formation: Krebbs Formation  
Elevation: Ground: 865 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1278 Plug Back Total Depth: 1250  
Amount of Surface Pipe Set and Cemented at 63 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/ \_\_\_\_\_

**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: [Signature]  
Title: President Date: 1/11/2007  
Subscribed and sworn to, before me this 11<sup>th</sup> day of January  
2007  
Notary Public: [Signature]  
Date Commission Expires: May 13, 2009

**KCC Office Use ONLY**

\_\_\_\_ Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
\_\_\_\_ Wireline Log Received  
\_\_\_\_ Geologist Report Received  
\_\_\_\_ UIC Distribution

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**JAN 29 2007**  
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Operator Name: Monument Resources, Inc. Lease Name: Hoppe Well #: N-3  
 Sec. 29 Twp. 8 S. R. 22  East  West County: Leavenworth

**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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
Surface	9 7/8	7	18	63	Port	25	2% salt & gel
Production	6 1/4	4 1/2	9.5	1270	Port	130	50% gilsonite

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
	1,152 - 1,1157 ft	N2 Foam Frac 25 sx 10/20, 50# gel	
	CI BP set @ 1,127.0 ft		
4	1,062-1,066 ft	3,000 # 20/40, 16,380 gal water	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		5	80		

Disposition of Gas <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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