

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

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5285
 Name: THE DANE G. HANSEN TRUST
 Address: P.O. Box 187
 City/State/Zip: Logan, KS 67646
 Purchaser: _____
 Operator Contact Person: Richard L. Wallgren, Sr.
 Phone: (785) 689-8400
 Contractor: Name: Discovery Drilling Co., Inc.
 License: 31548
 Wellsite Geologist: David Goldak
 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: _____
 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. _____
10/29/07 11/2/07 11/2/07
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 193-20,726-0000
 County: Thomas
N/2N/2 SE Sec. 31 Twp. 10 S. R. 32W East West
2300 feet from (S) (circle one) Line of Section
1310 feet from (E) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: HECKER Well #: 10
 Field Name: U-PAC
 Producing Formation: None
 Elevation: Ground: 3091 Kelly Bushing: 3099
 Total Depth: 4228 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 308.02 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.
(15sk In Rat Hole)(10sk In Mouse Hole) *PH + DLG - 11/5/09*
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content 9,000 ppm Fluid volume 240 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: Carol L. Bales
 Title: Trustee Date: November 28, 2007
 Subscribed and sworn to before me this 28 day of November
20 07
 Notary Public: Betty Jane Bittel
 Betty Jane Bittel
 Date Commission Expires: July 17, 2008

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION

NOV 29 2007

BETTY JANE BITTEL
 State of Kansas
 My Appt. Exp. July 17, 2008

CONSERVATION DIVISION
 WICHITA, KS

Operator Name: THE DANE G. HANSEN TRUST Lease Name: HECKER Well #: 10
 Sec. 31 Twp. 10 S. R. 32W East West County: Thomas

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:

<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample		
Name	Top	Datum
Anhydrite	2604	+495
B/Anhydrite	2633	+466
Wabaunsee	3664	-565
Topeka	3798	-699
Heebner	4025	-926
Lansing	4063	-964
Muncie Creek	4199	-1100
RTD	4228	-1129

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 Pipe	12 1/4	8 5/8	23	308.02	Common	190	2%Ge1&3%CC

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed 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) _____

Production Interval _____



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 110950
 Invoice Date: Oct 31, 2007
 Page: 1

Bill To:
 D. G. Hansen Trust
 P. O. Box 187
 Logan, KS 67646

Federal Tax I.D.#

Customer ID	Well Name/Log/Well Number	Payment Terms
Hans	Hecker #10	Net 30 Days
Sales Rep ID	County	Ship Date
	Oakley	Oct 31, 2007
		11/30/07

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Common	12.60	2,520.00
4.00	MAT	Gel	16.65	66.60
7.00	MAT	Chloride	46.60	326.20
211.00	SER	Handling	1.90	400.90
1.00	SER	Minimum Handling Mileage Charge	250.00	250.00
1.00	SER	Surface	815.00	815.00
4.00	SER	Mileage Pump Truck	6.00	24.00

RECEIVED
 NOV - 6 2007
 BETTY JANE BITTEL

RECEIVED
 NOV - 6 2007
 RICHARD L. WALLGREN, SR.

RECEIVED
 NOV - 6 2007
 M.M.

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

440.27

ONLY IF PAID ON OR BEFORE

Nov 30, 2007

Subtotal	4,402.70
Sales Tax	183.51
Total Invoice Amount	4,586.21
Payment/Credit Applied	RECEIVED
TOTAL	4,145.94

NOV 29 2007

CONSERVATION DIVISION
 WICHITA, KS

- 440.27

4,145.94

ALLIED CEMENTING CO., INC.

31760

Federal Tax I.D. _____

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

SERVICE POINT:
Oakley

DATE <u>10-29-07</u>	SEC. <u>31</u>	TWP. <u>10^s</u>	RANGE <u>33^w</u>	CALLED OUT	ON LOCATION <u>12:15 PM</u>	JOB START <u>2:15 PM</u>	JOB FINISH <u>2:30 PM</u>
LEASE <u>Hecker</u>	WELL # <u>10</u>	LOCATION <u>Oakley 1/2N-3 1/2W-1/4N</u>			COUNTY <u>Thomas</u>	STATE <u>Kan</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Discovery Dels # 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 308'

CASING SIZE 8 5/8 DEPTH 308

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 18 1/2 BBL

OWNER Same

CEMENT AMOUNT ORDERED 200 SKS COM
3% cc - 2% bel

EQUIPMENT

PUMP TRUCK CEMENTER Walt

417 HELPER Alvin

BULK TRUCK DRIVER Larene

399 DRIVER

DRIVER

COMMON	<u>200 SKS @</u>	<u>1260</u>	<u>2,520⁰⁰</u>
POZMIX		@	
GEL	<u>4 SKS @</u>	<u>1665</u>	<u>6660</u>
CHLORIDE	<u>7 SKS @</u>	<u>4660</u>	<u>32620</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>211- SKS @</u>	<u>190</u>	<u>40090</u>
MILEAGE	<u>94200 SK / auto</u>		<u>250⁰⁰</u>
TOTAL			<u>3,563⁷⁰</u>

REMARKS:

Cement Did Circ
in Cellar

Thank You

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>815⁰⁰</u>
EXTRA FOOTAGE	@		
MILEAGE <u>4 miles</u>	@	<u>6⁰⁰</u>	<u>24⁰⁰</u>
MANIFOLD	@		
	@		
	@		
TOTAL			<u>839⁰⁰</u>

CHARGE TO: D.G. Hansen Trust

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		
TOTAL			

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

PRINTED NAME _____

SIGNATURE [Signature]



24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 111020
Invoice Date: Nov 7, 2007
Page: 1

Bill To:
D. G. Hansen Trust P. O. Box 187 Logan, KS 67646

Federal Tax I.D.

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Hans	Hecker #10	Net 30 Days	
Sales Rep ID	Camp Location	Service Date	Due Date
	Oakley	Nov 7, 2007	12/7/07

Quantity	Item	Description	Unit Price	Amount
120.00	MAT	Common Class a	12.60	1,512.00
80.00	MAT	Pozmix	6.40	512.00
7.00	MAT	Gel	16.65	116.55
50.00	MAT	Flo Seal	2.00	100.00
209.00	SER	Handling	1.90	397.10
1.00	SER	Minimum Handling Mileage Charge	250.00	250.00
1.00	SER	Plug to Abandon	955.00	955.00
4.00	SER	Mileage Pump Truck	6.00	24.00
1.00	EQP	Dry Hole Plug	35.00	35.00

RECEIVED
NOV 13 2007
M.M.

RECEIVED
NOV 13 2007
RICHARD L. WALLGREN, SR.

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 390.16

ONLY IF PAID ON OR BEFORE

Dec 7, 2007

Subtotal	3,901.65
Sales Tax	245.80
Total Invoice Amount	4,147.45
Payment/Credit Applied	
TOTAL	4,147.45

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 29 2007

CONSERVATION DIVISION
WICHITA, KS

- 390.16
3,757.29

