

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

AMENDED
10-10-06

Operator: License # 33247
Name: Petrol Oil & Gas, Inc.
Address: P.O. Box 34
City/State/Zip: Piqua, KS 66761
Purchaser: _____
Operator Contact Person: F.L. Ballard
Phone: (620) 468-2885
Contractor: Name: Well Refined Drilling Company, Inc.
License: 33072
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 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. _____
4/14/06 4/17/06 8/29/06
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 133-26592-00-00
County: Neosho
C - SW - NW Sec. 26 Twp. 30 S. R. 17 | East | | West
3300 feet from S | N (circle one) Line of Section
4620 feet from E | W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: L. Goins Well #: 26-5
Field Name: Neodesha
Producing Formation: Mulky
Elevation: Ground: 920 Kelly Bushing: _____
Total Depth: 1105' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 22' 1" Feet
Multiple Stage Cementing Collar Used? | | Yes | No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1086'
feet depth to surface w/ 160 sks 11/26-08 sx cmt.

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: L.H. Ballard
Title: Agent Date: 9/8/06
Subscribed and sworn to before me this 8th day of September
2006
Notary Public: Lucille Rice
Date Commission Expires: 04/23/010

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

NOTARY PUBLIC - State of Kansas
LUCILLE RICE
My Appl. Exp. 04/23/010

RECEIVED
OCT 10 2006
KCC WICHITA

Operator Name: Petrol Oil & Gas, Inc. Lease Name: L. Coins Well #: 26-5
 Sec. 26 Twp. 30 S. R. 17 East West County: Neosho

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: All logs were submitted with the ACO-1 dated 7/14/06, well not completed.	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	12 1/4"	8 5/8"	26#	22' 1"	Portland	4	
Production	6 3/4"	4 1/2"	10.5#	1086'	60/40 poz mix	160	10% salt 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 (Amount and Kind of Material Used)		Depth
	4	609-616	4 855-857	14,100# 20 x 40 Brady sand	
4	632-638				
4	671-674				
4	695-698	4 966-968	10,800# 20 x 40 Brady sand		966-1006
4	736-738	4 974-976	8500# 20 x 40 Brady sand		805-855
4	805-807	4 1003-1006			
4	842-844	4 1026-1029			

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. 9-7-06		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. x 0	Gas Mcf x 30	Water Bbls. x 30	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (If vented, Sum ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

NEOSHO COUNTY MISSOURI
 RECORDER OF DEEDS
 OFFICE