

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

JAN 09 2007

CONSERVATION DIVISION  
WICHITA, KS

ORIGINAL

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33017  
Name: Davis Operating Company  
Address: 2800 Mid-Continent Tower  
City/State/Zip: Tulsa, OK 74103  
Purchaser: Salt Plains Energy, Inc.  
Operator Contact Person: Autumn R. Minnick  
Phone: (918) 587-7782  
Contractor: Name: LTS WELL SERVICE, LLC  
License: 33374  
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. \_\_\_\_\_

01/11/06    01/11/06    01/30/06  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 099-23839-00-00  
County: Labette  
\_\_\_\_\_ C \_\_\_\_\_ SE Sec. 7 Twp. 35 S. R. 19  East  West  
1320 feet from (S) / N (circle one) Line of Section  
1320 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Lotz Well #: 1  
Field Name: Edna Hollow  
Producing Formation: Mississippi Chat  
Elevation: Ground: 997 Kelly Bushing: \_\_\_\_\_  
Total Depth: 936 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 40 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 936  
feet depth to surface w/ 135 Alt 2-Dlg - 1/22/09 <sup>sx.cmt.</sup>

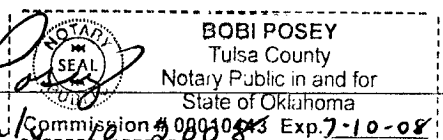
Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
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: Autumn R. Minnick  
Title: Geologist Date: 07/04/06

Subscribed and sworn to before me this 6th day of JULY  
2006  
Notary Public: Bobbi Posey  
Date Commission Expires: July 10, 2008 Exp. 7-10-08



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

Operator Name: Davis Operating Company Lease Name: Lotz Well #: 1  
 Sec. 7 Twp. 35 S. R. 19  East  West County: Labette

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Dual Induction</b> <b>Density Neutron</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum Mississippi Chat 848 Rowe 564
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**RECEIVED**  
**KANSAS CORPORATION COMMISSION**  
**JAN 09 2007**  
**CONSERVATION DIVISION**  
**WICHITA, KS**

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	11"	8 5/8"		40			
production	6 3/4"	4 1/2"		936		135	

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	845-875'	1500 gal 7 1/2% HCL	845-875'

TUBING RECORD	Size <u>2 3/8"</u> Set At <u>891'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>4/25/06</u>	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. <u>0</u>	Gas Mcf <u>50</u>	Water Bbls. <u>50</u>	Gas-Oil Ratio <u>N/A</u>	Gravity <u>N/A</u>
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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 \_\_\_\_\_

JAN 09 2007

Form 1002C  
Rev. 1996

API No.  
**099-23839**

OTC/OCC Operator No.  
**33017**

CEMENTING REPORT  
To Accompany Completion Report

OKLAHOMA CORPORATION COMMISSION  
Oil & Gas Conservation Division  
Post Office Box 52000-2000  
Oklahoma City, Oklahoma 73152-2000  
OAC 165:10-3-4(h)

CONSERVATION DIVISION  
WICHITA, KS

All operators must include this form when submitting the Completion Report, (Form 1002A). The signature on this statement must be that of qualified employees of the cementing company and operator to demonstrate compliance with OAC 165:10-3-4(h). It may be advisable to take a copy of this form to location when cementing work is performed.

TYPE OR USE BLACK INK ONLY

*Field Name <b>EDNA HOLLOW</b>	OCC District
*Operator <b>Davis</b>	OCC/OTC Operator No.
*Well Name/No. <b>lot 2 #1</b>	County <b>LABETTE</b>
*Location 1/4 1/4 <b>C 1/4 SE 1/4</b>	Sec <b>7</b> Twp <b>35S</b> Rge <b>19E</b>

Cement Casing Data	Conductor Casing	Surface Casing	Alternative Casing	Intermediate Casing	Production String	Liner
Cementing Date					<b>1-14-06</b>	
*Size of Drill Bit (Inches)					<b>6 3/4</b>	
*Estimated % wash or hole enlargement used in calculations					<b>20%</b>	
*Size of Casing (Inches O.D.)					<b>4 1/2</b>	
*Top of Liner (if liner used) (ft.)					<b>N/A</b>	
*Setting Depth of Casing (ft.) from ground level					<b>1000</b>	
Type of Cement (API Class)					<b>class A</b>	
In first (lead) or only slurry					<b>N/A</b>	
In second slurry					<b>N/A</b>	
In third slurry					<b>N/A</b>	
Sacks of Cement Used					<b>135</b>	
In first (lead) or only slurry					<b>N/A</b>	
In second slurry					<b>N/A</b>	
In third slurry					<b>N/A</b>	
Vol of slurry pumped (Cu ft)(14.X15.)					<b>159</b>	
In first (lead) or only slurry					<b>N/A</b>	
In second slurry					<b>N/A</b>	
In third slurry					<b>N/A</b>	
Calculated Annular Height of Cement behind Pipe (ft)					<b>Surface</b>	
Cement left in pipe (ft)					<b>20'</b>	

\*Amount of Surface Casing Required (from Form 1000) \_\_\_\_\_ ft.

*Was cement circulated to Ground Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*Was Cement Staging Tool (DV Tool) used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
*Was Cement Bond Log run? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If so, Attach Copy)	*If Yes, at what depth? _____ ft

CEMENTING COMPANY AND OPERATOR MUST COMPLY WITH THE INSTRUCTIONS ON REVERSE SIDE OF FORM

\* Designates items to be completed by Operator.  
Items not so designated shall be completed by the Cementing Company.

