

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 # 31751
Name: John E Galemore
Address: PO Box 151
City/State/Zip: Chanute, KS 66720
Purchaser: _____
Operator Contact Person: same
Phone: (918) 629-1776
Contractor: Name: L&S Well Service
License: 33374
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: _____
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. _____
9-21-07 9-21-07 9-21-07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

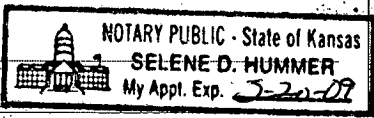
API No. 15 - 205-27292-0000
County: Wilson
NE - NW - - Sec. 30 Twp. 28 S. R. 15 East West
500 feet from S / (N) (circle one) Line of Section
2140 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Bates Well #: 6H
Field Name: Umbarger
Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 1277 Plug Back Total Depth: 1050
Amount of Surface Pipe Set and Cemented at 20.33 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from SURFACE
feet depth to 1277 w/ 120 sx cmt.

Drilling Fluid Management Plan Alt II NCR 1-16-09
(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: John E Galemore
Title: Operator Date: 11-12-07
Subscribed and sworn to before me this 12TH day of November
20 07
Notary Public: Selene D. Hummer
Date Commission Expires May 20 2009



KCC Office Use ONLY

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

RECEIVED
NOV 15 2007
KCC WICHITA

Operator Name: John E Galemore Lease Name: Bates Well #: 6H
 Sec. 30 Twp. 28 S. R. 15 East West County: Wilson

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:	<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	11"	8 5/8		20.33	PORTLAND	6	
CASING		23/8	4.7	920		120	800 LBS

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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 per foot	829-834 & 842-848	Acid & Frac 500 gal-100 sacks	

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TUBING RECORD		Size <u>2-3/8</u>	Set At <u>925</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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 Bbbs.	Gas Mcf <u>40,000</u>	Water Bbbs. <u>5</u>	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) _____

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 12681
 LOCATION Eureka
 FOREMAN Steve Mead

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE
9-22-07	4132	Bates #6-A			Wilson
CUSTOMER			TRUCK #		
J.V. Oil			DRIVER		
MAILING ADDRESS			TRUCK #		
P.O. Box 151			485 Alan		
CITY		STATE	ZIP CODE		
Chanute		Ks	439 Jerrid		
			452/T63 Jim		

JOB TYPE Long String HOLE SIZE 6 3/4 HOLE DEPTH 1270' CASING SIZE & WEIGHT 4 1/2 106"
 CASING DEPTH 1080' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.2" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 17 1/2 bbls DISPLACEMENT PSI 500* MIX PSI Bump Plug 1000* RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Pump 20 bbls Freshwater. Mix 200* Gel Flush. 5 bbls water spacer. 8 bbls Dye water. Mix 120 sks Thick set cement w/ 5* Kal-Seal per sk. Lost circulation during cement job. Wash out pump & lines shut down Release Plug. Displace with 17 1/2 bbls Fresh water. Had good circulation during Displacement. Good cement Returns to surface. 7 bbls slurry to pit. Final pumping Pressure 500* Bump Plug to 1000* wait 2 min Release pressure Plug held. Job complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	840.00	840.00
5406	40	MILEAGE	3.30	132.00
1126A	120 sks	Thick set cement	15.40	1848.00
1110A	600*	Kal-Seal 5* per sk.	.38	228.00
1118A	200*	Gel Flush	.15	30.00
5407	6.6 Tons	For mileage bulk Truck	m/c	285.00
5501	2 hrs	water Transport	100.00	200.00
1123	4000 gallons	CITY water	12.80 per 1000	51.30
4404	1	4 1/2 Top Rubber Plug	40.00	40.00
			Subtotal	5652.20
			6.3% SALES TAX	356.10
			ESTIMATED TOTAL	3792.62

AUTHORIZATION Called by John Galemore

TITLE owner

DATE _____