

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

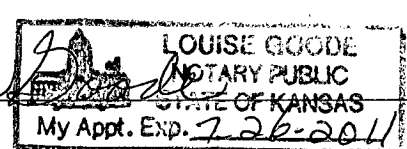
Operator: License # 5970
Name: John A. Elmore
Address: 776 HWY 99
City/State/Zip: Sedan, KS 67361
Purchaser: Plains
Operator Contact Person: John A. Elmore
Phone: (620) 249-2519
Contractor: Name: Elmore's Inc.
License: 32884
Wellsite Geologist: None
Designate Type of Completion:
 New Well Re-Entry Workover
 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. _____
8-3-07 8-7-07 8-15-07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-26807-00-00
County: Chautauqua
SW NW NE Sec. 5 Twp. 34 S. R. 12 East West
800 feet from S / (N) (circle one) Line of Section
660 feet from E / (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: American Petroleum Well #: 36
Field Name: Peru
Producing Formation: Peru
Elevation: Ground: 945 Kelly Bushing: _____
Total Depth: 1150 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 1145
feet depth to surface w/ 140 sx.cmt.

Drilling Fluid Management Plan A17 II NCR 01-21-09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume 80 bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: John Elmore
Lease Name: Casement License No.: 5970
Quarter SW Sec. 6 Twp. 34 S. R. 11 East West
County: Chautauqua Docket No.: E21275

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 A. Elmore
Title: Owner Date: 11-2-07
Subscribed and sworn to before me this 2nd day of November,
2007.
Notary Public: Louise Goode


KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: RECEIVED
 Wireline Log Received KANSAS CORPORATION COMMISSION
 Geologist Report Received NOV 05 2007
 UIC Distribution
**CONSERVATION DIVISION
WICHITA, KS**

Operator Name: John A. Elmore Lease Name: American Petroleum Well #: 36
 Sec. 5 Twp. 34 S. R. 12 East West County: Chautauqua

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: Cornish Radioactivity Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Peru</td> <td>1108</td> <td>1125</td> </tr> </table>	Name	Top	Datum	Peru	1108	1125
Name	Top	Datum					
Peru	1108	1125					

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 Pipe	9 1/4	7"	25	40	Portland	8	None
Casing	5 5/8	2 7/8	6	1145	Portland	140	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
2	20 shots 1108-1118	100 Gal 15% HCL	1108
2	13 shots 990-996	7000lb Frac 12/20 Sand	
		Dropped 10 Balls	
		Used 164BBL Gel Water	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	1"	1145		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enh.		Producing Method		
8-18-07		<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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	8	0	20	0
				Gravity
				33

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

New Well AP 36

7035

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date
8-8-07

Customer John Elmore

Address _____

City _____ State _____ Zip _____

Qty.	Description	Price	Amount
140	Sks Cement	7.75	1085.00
2	hr Water Truck	70.00	140.00
2	Sks Gr. 1	12.00	24.00
2	hr Cement Pump	80.00	160.00
1	Bank Tank	60.00	60.00
			1469.00
	AP 36 Cemented 2 1/2 Casing IN Well With 140 Sks Cement 1145' To Surface		

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 08 2007

CONSERVATION DIVISION
WICHITA, KS

Thank You -- We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.