

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**

*Amended*

Operator: License # 31629  
Name: Nash Oil & Gas Inc.  
Address: P O Box 8747  
City/State/Zip: Pratt, KS 67124  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jerry Nash  
Phone: (620) 672-3800  
Contractor: Name: Warren Drilling LLC  
License: 33724  
Wellsite Geologist: Kim B Shoemaker  
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. \_\_\_\_\_  
1/24/06    2/13/06    2/13/06  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 077-2154500-00  
County: Harper  
C    SW    NW    Sec. 3 Twp. 34 S. R. 6  East  West  
2970 feet from (S) N (circle one) Line of Section  
330 feet from E (W) (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Red Well #: 1-3  
Field Name: Eastham  
Producing Formation: None  
Elevation: Ground: 1278 Kelly Bushing: 1287  
Total Depth: 4547 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 223 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.

**Drilling Fluid Management Plan** *whm 12/11/06*  
(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: [Signature]  
Title: President Date: 5/25/06  
Subscribed and sworn to before me this 25 day of May  
20 06  
Notary Public: [Signature]  
Date Commission Expires: \_\_\_\_\_

**LADAWN J. FERRELL**  
Notary Public - State of Kansas  
My Appt. Expires 8-13-08

**KCC Office Use ONLY**  
N Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
**RECEIVED**  
**MAY 30 2006**  
**KCC WICHITA**

Operator Name: Nash Oil & Gas Inc. Lease Name: Red Well #: 1-3  
 Sec. 3 Twp. 34 S. R. 6  East  West County: Harper

**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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <p style="text-align: center;">None</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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	12-1/2"	8-5/8"	20#	223	60-40	145	4% Bent 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	N/A			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

<b>TUBING RECORD</b>		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 <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval _____
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# TREATMENT REPORT

Customer <b>WASH OIL &amp; GAS</b>	Lease No. <b>1</b>	Date <b>2-14-06</b>
Lease <b>RED</b>	Well # <b>1-3</b>	
Field Order # <b>1264</b>	Station <b>PRATT</b>	Casing <b>4 1/2</b>
Type Job <b>P.T.A</b>	<b>NEW WELL</b>	Depth
	Formation	County <b>HARPER</b>
		State <b>KS</b>
		Legal Description <b>3345-60</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size <b>4 1/2</b>	Tubing Size	Shots/Ft		Acid <b>145 SKS 60/40</b>	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad <b>4% Bent Gel</b>	Max		5 Min.
Volume	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush <b>H2O/MUD</b>	Gas Volume		Total Load

Customer Representative <b>RONNIE CRINE</b>	Station Manager <b>PAVE SCOTT</b>	Treater <b>M McBURK</b>
Service Units <b>118 228 346570</b>		
Driver Names <b>McBURK M ROSE WATMAN</b>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1630					ON LOCATION
					1st PLUG @ 1100' W 35 SKS @ 137
1645			20	5	H2O AHEAD
			8.8	5	MIX 35 SKS @ 137
			3	5	DISP W H2O
			10	6	DISP W MUD
1725			2ND PLUG		700' W 35 SKS
			5	5	H2O AHEAD
			8.8	5	MIX 35 SKS
			7.6	5	DISPACEMENT
1805			3RD PLUG		@ 280' W 35 SKS
			3	5	H2O AHEAD
			8.8	5	MIX 35 SKS
			1.5	5	DISPACEMENT
1820			4TH PLUG		60' W 25 SKS
			6.3		MIX 25 SKS CEMENT TO SURFACE
			1		DISP
1835					RAT HOLE 15 SKS
			3.8		MIX 15 SKS CEMENT TO SURFACE
					JOB COMPLETE
					THANK YOU

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