

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED
11-18-02
NOV 18 2002

KCC WICHITA

ORIGINAL

Operator: License # 33037
Name: C C Oil
Address: 2607C Augusta Lane
City/State/Zip: Hays, KS 67601
Purchaser: NCRA
Operator Contact Person: Ron Cummings
Phone: (785) 625-7202
Contractor: Name: A&A Production
License: 30076

Wellsite Geologist: Ken Vehige

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. _____

7-9-02 7-17-02 7-17-02
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-23349-0000

County: Rocks

N 22 - NW NE NW Sec. 6 Twp. 10 S. R. 19 East West

80 feet from S / (circle one) Line of Section

1740 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: Childs Unit Well #: 1

Field Name: Marcotte

Producing Formation: Arbuckle (First Break)

Elevation: Ground: 2210 Kelly Bushing: 2215

Total Depth: 3779 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 212' @ 217' 140 feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1642' Feet

If Alternate II completion, cement circulated from 1642'

feet depth to Surface w/ 350 sx cmt.

60/40 6% Gel

Drilling Fluid Management Plan 16611 ECU 12-10-02
(Data must be collected from the Reserve Pit)

Chloride content 33,000 ppm Fluid volume 400 bbls

Dewatering method used Air Dry

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.

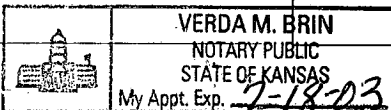
Signature: Ron Cummings

Title: Owner Date: 11/14/02

Subscribed and sworn to before me this 11th day of November

2002
Notary Public: Verda M. Brin

Date Commission Expires: 7-18-03



KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

YES Wireline Log Received

NO Geologist Report Received

____ UIC Distribution

15-163-23349-0000

ORIGINAL

Operator Name: C C Oil Lease Name: Childs Unit Well #: 1
 Sec. 6 Twp. 10 S. R. 19 East West County: Rooks

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 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: <p style="text-align:center">Gamma Ray/Neutron</p>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1" style="width:100%"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Anhydrite</td> <td>1626</td> <td>+588</td> </tr> <tr> <td>Topeka</td> <td>3213</td> <td>-999</td> </tr> <tr> <td>Lansing KC</td> <td>3459</td> <td>-1245</td> </tr> <tr> <td>Arbuckle</td> <td>3770</td> <td>-1556</td> </tr> <tr> <td>TD</td> <td>3779</td> <td>-1565</td> </tr> </tbody> </table> <p style="text-align:center">NOV 18 2002 KCC WICHITA</p>	Name	Top	Datum	Anhydrite	1626	+588	Topeka	3213	-999	Lansing KC	3459	-1245	Arbuckle	3770	-1556	TD	3779	-1565
Name	Top	Datum																	
Anhydrite	1626	+588																	
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12 1/4	8-5/8	20	217	60/40POZ	140	3%CC 2%GEL
Production	7-7/8	5 1/2	14	3772 1/2	Common	150	10% Salt
			Port Collar	1642	60/40POZ	350	6% 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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
None			Acid	
			250 Gal 15% INS	3773-3779
			1500 gal MOD 303	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 7/8	3750		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
8/1/02			<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	Gravity
	11	0	0		35°

Disposition of Gas: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION: _____ Production Interval: 3773' - 3779'

(If vented, Sumit ACO-18.)



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

15-163-23349-0000

ORIGINAL

NOV 18 2002 REC 16305

KCC WICHITA

Test Ticket

Well Name & No. Childs #1 Test No. 1 Date 7-15-02
 Company CC Oil Zone Tested LKC
 Address 2607 Augusta Ln. Hays, Ks. 67601 Elevation _____ KB _____ GL _____
 Co. Rep / Geo. Ken Vehige Cont. Anderson Dalg. Est. Ft. of Pay _____ Por. _____ %
 Location: Sec. 6 Twp. 10 Rge. 19 Co. Rooks State Ks.
 No. of Copies _____ Distribution Sheet (Y, N) _____ Turnkey (Y, N) _____ Evaluation (Y, N) _____

Interval Tested 3575 — 3653 Initial Str Wt./Lbs. 39,000 Unseated Str Wt./Lbs. 39,000
 Anchor Length 78 Wt. Set Lbs. 30,000 Wt. Pulled Loose/Lbs. 43,000
 Top Packer Depth 3570 Tool Weight 1,000
 Bottom Packer Depth 3575 Hole Size — 7 7/8" Rubber Size — 6 3/4"
 Total Depth 3653 Wt. Pipe Run 465 Drill Collar Run _____
 Mud Wt. 9.3 LCM _____ Vis. 49 WL 8.8 Drill Pipe Size 4.5x14 Ft. Run 3179
 Blow Description T.F. Weak steady surface blow

F.F. Weak blow - flushed tool

Recovery — Total Feet 20 GIP _____ Ft. in WT 20 Ft. in DP _____
 Rec. 20 Feet Of Mudw/ oil seam %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet Of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet Of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet Of _____ %gas _____ %oil _____ %water _____ %mud _____
 Rec. _____ Feet Of _____ %gas _____ %oil _____ %water _____ %mud _____
 BHT 102 °F Gravity _____ °API D@ _____ °F Corrected Gravity _____ °API _____
 RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides 4,000 ppm System

	AK-1	Alpine			
(A) Initial Hydrostatic Mud	<u>1822</u>		PSI Recorder No.	<u>13254</u>	T-On Location <u>19:15</u>
(B) First Initial Flow Pressure	<u>35</u>		PSI (depth)	<u>3578</u>	T-Started <u>19:40</u>
(C) First Final Flow Pressure	<u>35</u>		PSI Recorder No.	<u>13248</u>	T-Open <u>21:45</u>
(D) Initial Shut-In Pressure	<u>402</u>		PSI (depth)	<u>3650</u>	T-Pulled <u>22:15</u>
(E) Second Initial Flow Pressure	<u>47</u>		PSI Recorder No.		T-Out <u>01:00</u>
(F) Second Final Flow Pressure	<u>59</u>		PSI (depth)		T-Off Location <u>01:15</u>
(G) Final Shut-in Pressure	<u>—</u>		PSI Initial Opening	<u>30</u>	Test _____
(Q) Final Hydrostatic Mud	<u>1764</u>		PSI Initial Shut-in	<u>30</u>	Jars _____
			Final Flow	<u>20</u>	Safety Joint _____
			Final Shut-in	<u>—</u>	Straddle _____

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE. OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Approved By _____

Mileage 40
Other _____

ALLIED CEMENTING CO., INC. 11679

ORIGINAL *R*

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT

DATE <i>7-30-02</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Childs</i>	WELL # <i>1</i>	LOCATION <i>Zurich 24 15 2a</i>			COUNTY <i>Reo. Co.</i>	STATE <i>Ks</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *Child's Well Service*

TYPE OF JOB *port collar*

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG _____

PERFS. _____

DISPLACEMENT _____

OWNER _____

CEMENT AMOUNT ORDERED *350 @ 6 1/2 gal*

used

COMMON @ _____

POZ MIX @ _____

GEL @ _____

CHLORIDE @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MIKEAGE _____

EQUIPMENT

343 _____ *Drill*

PUMP TRUCK # _____ CEMENTER _____ HELPER _____

BULK TRUCK # _____ DRIVER _____

BULK TRUCK # *362* DRIVER *Brent*

RECEIVED _____ TOTAL _____

NOV 18 2002

KCC WICHITA

SERVICE

REMARKS:

tested plug @ 1500 psi

opened tool sta. but cement

of cut off ok

Witness By Doug [unclear]

[unclear] [unclear] [unclear]

[unclear] [unclear] [unclear]

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

PLUG @ _____

_____ @ _____

_____ @ _____

CHARGE TO: *C & C Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

Aaid TOTAL _____

250 gal

FLOAT EQUIPMENT

1500 gal MOD 303

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAY

*SIGNATURE _____

PRINTED NAME _____

ALLIED CEMENTING CO., INC. ORIGINAL

REMIT TO: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>7-9-02</u>	SEC <u>6</u>	FWP. <u>10</u>	RANGE <u>19</u>	CALLED OUT <u>9:30am</u>	ON LOCATION <u>9:00am</u>	JOB START <u>11:45</u>	JOB FINISH
LEASE <u>CHILD'S</u>	WELL # <u>1</u>	LOCATION <u>ZURICH 2.0 15th ave ss.</u>			COUNTY <u>ROCK</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR A & A Drilling Rig #1

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 222

CASING SIZE 8 3/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15-20'

PERES 13

DISPLACEMENT BBL

EQUIPMENT

PUMP TRUCK # 345 CEMENTER Ghan HELPER Dave

BULK TRUCK # 362 DRIVER

BULK TRUCK # DRIVER

OWNER

CEMENT AMOUNT ORDERED 140 SK 40

2.9072L

37.07cc

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

TOTAL

RECEIVED
NOV 18 2002
KCC WICHITA

REMARKS:

Cement Circulated

Thank's

CHARGE TO: C-C Oil

STREET

CITY STATE ZIP

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

PLUG 8 3/8 wooden @

TOTAL

FLOAT EQUIPMENT

To Allied Cementing Co., Inc.
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SIGNATURE [Signature]

TOTAL

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

PRINTED NAME

ALLIED CEMENTING CO., INC. 11683

ORIGINAL

REMIT TO PO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT

DATE <u>7/17/02</u>	SEC	TWP	RANGE	CALLED OUT	ON LOCATION <u>12:00 A.M.</u>	JOB START	JOB FINISH <u>4:30 A.M.</u>
LEASE <u>Childs</u>	WELL# <u>1</u>	LOCATION <u>Zachary 2w 1s 12w</u>			COUNTY <u>Woods</u>	STATE <u>Ks</u>	
OLD OR NEW (Circle one)							

CONTRACTOR

TYPE OF JOB Logging

HOLE SIZE 7 7/8 T.D. 3724

CASING SIZE 5 1/2 DEPTH 3722

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL Drill Collar DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT 42 22

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT 41361

OWNER

CEMENT

AMOUNT ORDERED 150 Com 2 1/2 Gal 10% Se 1 1/2 300 Com 1 1/2 2

COMMON @ 1/4"

POZMIX @

GEL @

CHLORIDE @

HANDLING @

MILEAGE @

EQUIPMENT

PUMP TRUCK CEMENTER Brent

177 HELPER Darin

BULK TRUCK

110 DRIVER Brent

BULK TRUCK

DRIVER

REMARKS:

Insert @ 37293 M 110 WED 2

Forward W/ 13561 D. NUC 10 Mug

F 60 + Hold.

Thank You

1500 Re + Wk

RECEIVED

NOV 18 2002

KCCO WICHITA

SERVICE

TOTAL

Handwritten notes: 14 hours, Ar-Buff, 12 hours

CHARGE TO: CCO-1

STREET

CITY STATE ZIP

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE

MILEAGE

PLUG 50

FLOAT EQUIPMENT

Drill Collar @

TOTAL

To Allied Cementing Co., Inc.

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TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME