

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 # 3180
Name: Deutsch Oil Company
Address: 8100 E. 22nd Street North, Bldg. 600
City/State/Zip: Wichita, Kansas 67226
Purchaser: Centennial Energy
Operator Contact Person: Kent Deutsch
Phone: (316) 681-3567
Contractor: Name: Pickrell Drilling Co. Inc.
License: 5123
Wellsite Geologist: Kent Deutsch

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. _____

<u>08-28-07</u>	<u>08-29-07</u>	<u>08-31-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 151-22279-0000
County: Pratt
SW SW SW Sec. 8 Twp. 27 S. R. 12 East West
380 408 feet from (S) / N (circle one) Line of Section
330 5026 feet from (E) / (E) (circle one) Line of Section
GPS-KCC-DLS
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)
Lease Name: Dietz Well #: 1-8

Field Name: Grimes
Producing Formation: none

Elevation: Ground: 1876 Kelly Bushing: 1883

Total Depth: 697 ft. Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at _____ 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
(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.: _____

AIT2-Dig-1/2/09

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: _____

Title: Owner Date: 09-15-07

Subscribed and sworn to before me this 15 day of Sept.

2007
Notary Public: Karri Knox-Wolken

Date Commission Expires: _____

KARRI KNOX-WOLKEN
Notary Public - State of Kansas
My Appt. Expires 9/28/09

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 24 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Deutsch Oil Company Lease Name: Dietz Well #: 1-8
 Sec. 8 Twp. 27 S. R. 12 East West County: Pratt

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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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
Conductor							
Surface							
Production							

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

TUBING RECORD	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 Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 24 2008

ALLIED CEMENTING CO., INC.

2405

Federal Tax I.D.:

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
MEDICINE LODGE

DATE <u>8-30-07</u>	SEC <u>8</u>	TWP. <u>27 S</u>	RANGE <u>12 W</u>	CALLED OUT <u>10:30 am</u>	ON LOCATION <u>12:30 pm</u>	JOB START <u>1:40 pm</u>	JOB FINISH <u>5:30 pm</u>
LEASE <u>DIETZ</u>	WELL # <u>1-8</u>	LOCATION <u>NATRONA CHURCH, 1/2 SOUTH,</u>			COUNTY <u>PRATT</u>	STATE <u>KS</u>	
<input checked="" type="checkbox"/> NEW (Circle one)		EAST INTO					

CONTRACTOR PICKRELL / PRATT WELL SERVICES OWNER DEUTSCH OIL COMPANY

TYPE OF JOB ROTARY PLUG

HOLE SIZE 7 7/8" T.D. 200'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 2 7/8" IF DEPTH 200'

TOOL _____ DEPTH _____

PRES. MAX 300 MINIMUM 100

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT
AMOUNT ORDERED 240 x CLASS A + 38 cc
100 SX CLASS A NEXT

COMMON	<u>340 A</u>	@	<u>11.10</u>	<u>3774.</u>
POZMIX		@		
GEL		@		
CHLORIDE	<u>9</u>	@	<u>46.60</u>	<u>419.4</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>349</u>	@	<u>1.90</u>	<u>663.1</u>
MILEAGE	<u>7 x 349 x .09</u>			<u>250.0</u>
	<u>min chg.</u>			<u>TOTAL 5106.</u>

EQUIPMENT

PUMP TRUCK CEMENTER BILL M.

360 HELPER GREG K.

BULK TRUCK

2/21 DRIVER CALL D.

BULK TRUCK

_____ DRIVER _____

REMARKS:

DRILL PIPE @ 200', PUMP 160 SX CLASS A + 38 cc, 80 SX CLASS A NEXT, CIRCULATE CEMENT, CEMENT FELLBACK, RUN IN WITH DRILL PIPE, TAGGED AT 170', PUMP 100 SX CLASS A + 38 cc, CIRCULATE CEMENT TO SURFACE.

SERVICE

DEPTH OF JOB	<u>200'</u>		
PUMP TRUCK CHARGE			<u>815.0</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>7</u>	@	<u>6.00 42.0</u>
MANIFOLD		@	
		@	
		@	

CHARGE TO: DEUTSCH OIL COMPANY

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 24 2008

TOTAL 857.0

CONSERVATION DIVISION
WICHITA, KS & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
ANY APPLICABLE TAX	@	
WILL BE CHARGED		
UPON INVOICING		TOTAL _____

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.

TAX _____

TOTAL CHARGE ~~857.0~~

DISCOUNT ~~57.0~~ IF PAID IN 30 DAYS

M. B. K...

M. B. K...