

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 # 33491
Name: King Oil Operations - Rodney L. King
Address: 696 D. Fairground Rd.
City/State/Zip: Ellis, KS 67637
Purchaser: Plains Marketing
Operator Contact Person: Rodney L. King
Phone: (785) 726-3498
Contractor: Name: Mid-Kan Well Service
License: 20-341 5800
Wellsite Geologist: Cliff Ottaway

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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>7-26-07</u>	<u>8-3-07</u>	<u>8-21-07</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25668-0000
County: Ellis
SW SE NE SE Sec. 24 Twp. 13 S. R. 20 East West
2220 feet from S / (N) (circle one) Line of Section
685 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: King Well #: 1

Field Name: _____
Producing Formation: Marmaton
Elevation: Ground: 2157 Kelly Bushing: 2162
Total Depth: 3935 Plug Back Total Depth: 3912
Amount of Surface Pipe Set and Cemented at 216 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1512 Feet
If Alternate II completion, cement circulated from 1512
feet depth to surface w/ 180 SMD ^{sx cmt.}
Alt 2 - Dig - 1/15/09

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls
Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

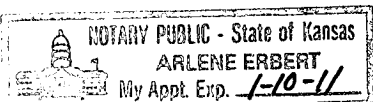
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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: Rodney L. King
Title: operator Date: 11-4-07
Subscribed and sworn to before me this 7th day of Nov.
20 07
Notary Public: Arlene Erbert
Date Commission Expires: 1-10-11

KCC Office Use ONLY	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received
	If Denied, Yes <input type="checkbox"/> Date: _____
<input checked="" type="checkbox"/>	Wireline Log Received
<input checked="" type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
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Operator Name: King Oil Operations - Rodney L. King Lease Name: King Well #: 1
 Sec. 24 Twp. 13 S. R. 20 East West County: Ellis

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LKC	3488	-1326
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Marmaton	3783	-1621
List All E. Logs Run:		Arbuckle	3848	-1687
Sonic, Dual Induction, Compensation Density Neutron, Micro, Cased Hole Bond Log				

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 1/4	8 5/8	23	216	Common	165	
Long String	7 7/8	5 1/2	14	3932	EA 2	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	3784-3800	None	

TUBING RECORD		Size 2 7/8	Set At 3903	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. 9-1-07		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 Bbls. 25	Gas Mcf None	Water Bbls. None	Gas-Oil Ratio	Gravity 39.5

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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CHARGE TO: WING OIL
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET
 No 11578
 PAGE 1 OF 2

1. SERVICE LOCATIONS <u>HAYS</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>WING</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>KS</u>	CITY	DATE <u>08-03-07</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>SHIELDS DRILL</u>	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>4E, 1S, WIN INTO ELLIS</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>2-STAGE LONGSTRING</u>	WELL PERMIT NO. <u>15-051-25668</u>	WELL LOCATION <u>S24, T13, R20</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE #105	20	mi	4	00	80 00
579		1			PUMP SERVICE 2-STAGE	1	EA	1750	00	1750 00
221		1			LIQUID OIL	4	GAL	26	00	104 00
281		1			MUD FLUSH	500	GAL		75	375 00
290		1			D-AIR	3	GAL	32	00	96 00
402		1			CENTRALIZER	9	EA	5 1/2	100	95 00
403		1			CMT DISVEY	4	EA	5 1/2	100	290 00
407		1			INSERT FLOAT SIDE 1/4" TO FALL	1	EA	5 1/2	100	310 00
408		1			D.V. TOOL & PLUG 15/16"	1	EA	5 1/2	100	3200 00
413		1			ROTO WALL SCRATCHERS 125"	25	EA	5 1/2	100	40 00
417		1			D.V. LATCH DOWN PLUG & BAFFLE	1	EA	5 1/2	100	200 00
419		1			ROTATING HEAD REMOVAL	1	EA	5 1/2	100	250 00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
 DATE SIGNED 08-03-07 TIME SIGNED 1100 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	Pg-1 PAGE TOTAL Pg-2	9380 00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				sub TOTAL	15,327 62
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				ELLIS TAX 5.37%	671 64
				TOTAL	16,099 26

JOB LOG

SWIFT Services, Inc.

DATE 03/03/07 PAGE NO. 1

CUSTOMER King Oil WELL NO. #1 LEASE MING JOB TYPE 2-STAGE LWD STRING TICKET NO. 11578

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ORIENTATION, DISCUSS JOB, LANDDOWN WELLY, CEMENTATION CMT: BOTTOM 150EA-2, TOP 180 SMD RTD 3935, SER 3933, SJ 21.38, ZINIST 3912 D.V. TOOL ON TOP #58, 1512 PP, 5 1/2 15.5 #1 RT CMT 1.3.5.7.9.11.13.57.79, BASKET 2.14.58.78 125 FT SCRATCHERS
	1230							START CSH-FILTRON
	1425							TAC BOTTOM - Drop Ball Hushup,
	1430							BREAK CIRC - ROTATE PIPE
	1500	6.0	0		✓		200	START MUD FLUSH
			12		✓			" WCL FLUSH
			32		✓			END FLUSHES
	1505	4.5	0		-		200	START EA-2 CMT
			36.5		-			END CMT
								DROP BOTTOM LATCH DOWN PLUG - WAS APL
	1515	5.7	0		-		100	START DISP W/ H ₂ O
			57		-		150	START DISP 1/4 MUD, CMT ON BOTTOM
			75		-		300	" " 1/4 WCL
			80		-		400	STOP ROTATING PIPE
			85		-		500	
			90		-		650	
	1535	4.0	93.1		-		1500	LAND PLUG
	1538							DROP D.V. OPENING DART
	1540		3+2 1/4		-			PLUG - DIAMM
	1550						1000	OPEN D.V.
	1550	5.5	0		-		200	START SMD CMT
			85		-			PERFECT FILL
	1608		12 98		-		200	END CMT
								DROP CLOSING PLUG
	1610	5.0	0		-		100	START DISP 1/4 H ₂ O
		5.0	20		-		275	CIRC CMT
	1616	4.0	36.0		-		1400	LAND PLUG - CLOSE D.V.
								WASHUP, PACKUP
								TICKETS
								JOBS COMPLETE
								THANK YOU!
								DAVE, JOSH B, JEFF

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CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

33327

Federal Tax I.D.

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

SERVICE POINT:

Russell

DATE <u>7.27.07</u>	SEC. <u>24</u>	TWP. <u>13</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00pm</u>	JOB FINISH <u>1:30pm</u>
TRASH <u>King</u>		WELL # <u>1</u>	LOCATION <u>Yocemento Sw 15 Finto</u>	COUNTY <u>Ellis</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)			<u>old</u>				

CONTRACTOR Shields
 TYPE OF JOB Surface Job
 HOLE SIZE _____ T.D. 219'
 CASING SIZE 8 5/8 25T DEPTH 216'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 12 3/4 BC
 EQUIPMENT _____

PUMP TRUCK CEMENTER Greg
 # 409 HELPER Dean
 BULK TRUCK _____
 # 396 DRIVER Chris B.
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Cement Circulate

Thanks!

CHARGE TO: King Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

SIGNATURE _____

OWNER _____
 CEMENT AMOUNT ORDERED 165 cum 3% adm
29% adm

COMMON	<u>165</u>	@	<u>11.00</u>	<u>1831.50</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5</u>	@	<u>46.40</u>	<u>232.00</u>
ASC		@		
HANDLING	<u>173</u>	@	<u>1.90</u>	<u>328.70</u>
MILEAGE	<u>SR/mi/01</u>			<u>388.25</u>
TOTAL				<u>2832.40</u>

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>750.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>25</u>	@	<u>6.00</u>	<u>150.00</u>
MANIFOLD		@		

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WICHITA, KS

TOTAL 900.00

		@		
		@		
		@		
		@		
TOTAL				

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____