

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 # 33233
Name: Heartland Oil & Gas Corporation
Address: 1610 Industrial Park Drive
City/State/Zip: Paola, KS 66071
Purchaser: _____
Operator Contact Person: James Harmon
Phone: (913) 294-1400
Contractor: Name: Aztec Well Services, Inc.
License: 33972

Wellsite Geologist: _____
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. _____
06-22-07 06-25-07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-28452-00-00
County: Miami
SW - NE - NE - Sec. 18 Twp. 18 S. R. 24 East West
984 feet from S / (N) (circle one) Line of Section
705 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Peckman Well #: 41-18
Field Name: Lancaster
Producing Formation: Coal / Shale
Elevation: Ground: 928' Kelly Bushing: _____
Total Depth: 560' Plug Back Total Depth: 550'
Amount of Surface Pipe Set and Cemented at _____ 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____ 550'
feet depth to surface w/ _____ 88 sx cm.

Drilling Fluid Management Plan AH II NR 1-13-09
(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: Heartland Oil & Gas Corporation
Lease Name: Peckman 32-7 WD License No.: 33233
Quarter NE Sec. 7 Twp. 18 S. R. 24 East West
County: Miami Docket No.: D28279

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: James D. Harmon
Title: Area Superintendent Date: 10-11-07
Subscribed and sworn to before me this 11 day of October,
2007.
Notary Public: Marcia Littell
Date Commission Expires: 3/3/2010



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 15 2007

Operator Name: Heartland Oil & Gas Corporation Lease Name: Peckman Well #: 41-18
 Sec. 18 Twp. 18 S. R. 24 East West County: Miami

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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Induction Compensated Neutron/SSD	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
Surface	12 1/2"	8 5/8"	24	20'	Portland	7	
Production	7 7/8"	5 1/2"	15.5	550'	OWC	88	10# kol-seal

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)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval RECEIVED KANSAS CORPORATION COMMISSION OCT 15 2007 CONSERVATION DIVISION WICHITA, KS
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CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 894, CHANUTE, KS 66720
 620-431-9210 OR 800-467-9676

TICKET NUMBER 15489
 LOCATION Ottawa KS
 FOREMAN Fred Maden

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/25/07	3576	Peckman # 4-18	18	18	24	M

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Heartland Oil & Gas 1610 Industrial Park Paola, KS 66071	506	Fred		
	164	Rick		
	195	Ken		
	505-706	Mark		

JOB TYPE Long string HOLE SIZE 7 1/2" HOLE DEPTH 560' CASING SIZE & WEIGHT 5 1/2"
 CASING DEPTH 0.550' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER g/BUK _____ CEMENT LEFT IN CASING 5 1/2" Plug
 DISPLACEMENT 13.432' DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Wash down last 10' casing. Check casing depth w/ wireline. Mix Pump 25 BBL. Soap Flush. Mix Pump 8 BBL. Telltale dye ahead of 88 SKS OWC w/ 10# KOL Seal per sack. Flush pump & lines clean. Displace 5 1/2" rubber plug to casing TD w/ 13.4 BBL KCL Water. Pressure to 600# Release pressure to set float valve. Check Plug depth w/ wireline.

Note: Mix cement w/ Biocide Treated water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 164		840.00
5406	40 mi.	MILEAGE Pump Truck 164		132.00
5407	Minimum	Ton Mileage 195		285.00
5502C	4hrs	Transport 505-706		400.00
				1216.00
1126	79 SKS	OWC Cement		307.00
1110A	880#	KOL Seal		334.00
1238	1 Gal	ESA-41 (Soap)		35.93
1205	1/2 Gal	Supersweet		13.33
1215	1/2 Gal	KCL Substitute		13.00
4406	1	5 1/2" Rubber Plug		56.00
		Sub Total		3325.00
		Tax @ 6.55%		105.20

Oliver Glaze

SCANNED

SALES TAX ESTIMATED TOTAL 3431.00

AUTHORIZATION WOT# 214377

TITLE _____

DATE _____

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