

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 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>07-23-07</u>	<u>07-24-07</u>	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28473-0000
County: Miami
SE - SE - NW - Sec. 03 Twp. 18 S. R. 24 East West
2035 feet from S / (circle one) Line of Section
2300 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Prothe Well #: 22-3
Field Name: Jake

Producing Formation: Coal/Shale
Elevation: Ground: 997' Kelly Bushing: _____
Total Depth: 602' Plug Back Total Depth: 603'
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 _____ 603'
feet depth to _____ surface w/ _____ 95 sx cm.

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.: _____

Handwritten: A142-Dg-11/10/07

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 Harmon
Title: Area Superintendent Date: 11-09-07
Subscribed and sworn to before me this 9 day of November,
20 07.
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
NOV 13 2007

NOTARY PUBLIC - State of Kansas
MARCIA LITTELL
My Appt. Exp. 3/3/2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Heartland Oil & Gas Corporation Lease Name: Prothe Well #: 22-3
 Sec. 03 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 type="checkbox"/> Yes <input checked="" 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	603'	OWC	95	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>		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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 13 2007
 C OREGON DIVISION
 HUTA, KS

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-457-8576

TICKET NUMBER 15569
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-07	1099	Proethe #22-3	3	18	24	Mi
CUSTOMER <u>Mader</u>			TRUCK #			
MAILING ADDRESS <u>1065 Main</u>			DRIVER			
CITY <u>Spring Hill</u>			TRUCK #			
STATE <u>KS</u>			DRIVER			
ZIP CODE <u>66083</u>			TRUCK #			
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>2 7/8</u>			TRUCK #			
HOLE DEPTH <u>622</u>			DRIVER			
CASING SIZE & WEIGHT <u>5 1/2</u>			TRUCK #			
CASING DEPTH <u>603</u>			DRIVER			
DRILL PIPE			TUBING			
SLURRY WEIGHT			OTHER			
SLURRY VOL			WATER gal/trk			
DISPLACEMENT <u>1423</u>			CEMENT LEFT IN CASING			
DISPLACEMENT PSI			MIX PSI			
			RATE <u>4 bpm</u>			

REMARKS: Washed casing to TD of hole. Mixed + pumped 1 gal foam to flush hole followed by 96bl dye marker. Mixed + pumped 95 gal DWG, W² Kal seal, circulated dye to surface. Flushed pump clean. Pumped 5 1/2 plug to casing TD with KCl water. Circulated cement to surface. Checked depth with wire line. Used Super Sweet in cement mix water.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	164	870.00
5406	48	MILEAGE	164	148.50
5402	603	casing footage	164	ML
5407	min	four miles	122	285.0
5501C	3 hr	trans port	505/T106	300.00
1238	1 gal	soap		38.45
UID A	475 #	Kal seal		190.50
1126	905x	DWG		1386.00
4406	1	5 1/2 plug		36.00
1205	1/4 gal	Super Sweet		13.33
1215	1 gal	KCl substitute		26.00
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KANSAS CORPORATION				
NOV 13 2007				
CONSERVATION DIVISION				
WICHITA, KS				
6.55%				SALES TAX
				ESTIMATED
				TOTAL

AUTHORIZATION Watt 215002 TITLE _____ DATE _____