

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. _____

<u>7-18-07</u>	<u>07-19-07</u>	
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28474-0000
County: Miami
NE SE SW NE SE SW Sec. 03 Twp. 18 S. R. 24 East West
800 feet from S N (circle one) Line of Section
2236 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Prothe Well #: 24-3
Field Name: Jake
Producing Formation: Coal/Shale
Elevation: Ground: 965' Kelly Bushing: _____
Total Depth: 640' Plug Back Total Depth: 600'
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 _____ 600'
feet depth to surface w/ 83 Alt 2-Dlg-11/16/09 ^{sq 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: 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.

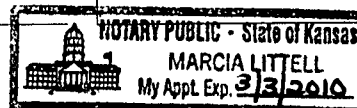
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: James D Harmon
Title: Area Superintendent Date: 11-5-07
Subscribed and sworn to before me this 5th 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 07 2007
CONSERVATION DIVISION
WICHITA, KS



Operator Name: Heartland Oil & Gas Corporation Lease Name: Prothe Well #: 24-3
 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 type="checkbox"/> Yes <input checked="" 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	600'	OWC	83	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
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RECEIVED
KANSAS CORPORATION COMMISSION
NOV 07 2007
 CONSERVATION DIVISION
 WASHINGTON, D.C.

COATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 431-9210 OR 800-467-8676

TICKET NUMBER 15636
 LOCATION Off Hwy
 FOREMAN Alan Maden

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-20-07	1099	Procthe # 24-3	3	18	24	M.
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Aztec			516	Alan M		
MAILING ADDRESS			164	Rick A		
106 S Main			505/Tina	Ken H		
CITY	STATE	ZIP CODE	195			
Spring Hill	KS	66083				

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 640 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 600 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Washed 1/2 of last joint down. Mixed & pumped 1 gal
framer with 20 bbl water to flush hole. Mixed & pumped 9 bbl
dye marker followed by 835x DWC, 10# KOL-SEAL, Circulate
dye to surface. Flushed pump clean. Pumped 5 1/2 plus
to casing TD. Well held 750 PSI. Checked depth
with wireline. Circulated cement to surface
Set float.

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE	164	240.00
3406	40	MILEAGE	164	112.00
3402		Casing footage	164	NK
3407	min	ton miles	195	285.00
5501C	3	Transport	505/17.106	300.00
1104	830#	Kolgeal		315.40
1104 1126	74.50	DWC		1139.60
4406	1	5 1/2 plus		36.00
1238	1 gal	SOAP		35.45
1215	1 1/2 gal	KCL substitute		39.00
1205	1/2 gal	super sweet		18.00
				73.83
		RECEIVED		
		CONSERVATION DIVISION WICHITA, KS		
		6.55		
		Sub		3135.18
		SALES TAX		
		ESTIMATED		
		TOTAL		

Alva Glaze by phone

AUTHORIZATION

TITLE

DATE