

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. _____
08-03-07 08-06-07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 121-28479-0000
County: Miami
SE/4 NE SE Sec. 03 Twp. 18 S. R. 24 East West
2310 feet from S N (circle one) Line of Section
972 feet from E W (circle one) Line of Section

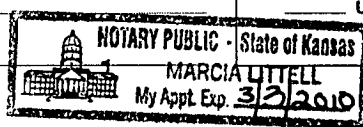
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Reichart Well #: 43-3
Field Name: Jake
Producing Formation: Coal/Shale
Elevation: Ground: 965' Kelly Bushing: _____
Total Depth: 600' Plug Back Total Depth: 562'
Amount of Surface Pipe Set and Cemented at _____ 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 562'
feet depth to surface w/ 95 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: _____
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: James Harmon
Title: Area Superintendent Date: 11-26-07
Subscribed and sworn to before me this 26 day of November,
2007.
Notary Public: Marcia Littell
Date Commission Expires: 3/3/2010



KCC Office Use ONLY

Letter of Confidentially Received
 If Denied, Yes Date: _____
 Wireline Log Received **RECEIVED**
 Geologist Report Received **KANSAS CORPORATION COMMISSION**
 UIC Distribution **NOV 28 2007**
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Heartland Oil & Gas Corporation Lease Name: Reichart Well #: 43-3
 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	562'	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 <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 28 2007
 CONSERVATION DIVISION
 WICHITA, KS

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 820-431-9210 OR 800-467-8676

TICKET NUMBER 15585
 LOCATION Ottawa KS
 FOREMAN Fred Maden

10. # 37-HC

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/7/07	1099	Reichert #43-3	3	18	24	M
CUSTOMER			TRUCK #			
AZTEC			506			
MAILING ADDRESS			DRIVER			
106 So. Main			Fred			
CITY		STATE	ZIP CODE	TRUCK #		
Springhill		KS	66093	164		
JOB TYPE <u>Long string</u>			DRIVER			
HOLE SIZE <u>7 7/8"</u>			510			
HOLE DEPTH <u>600'</u>			505-7106			
CASING DEPTH <u>520.0'</u>			Ken			
DRILL PIPE			CASING SIZE & WEIGHT <u>5 1/2"</u>			
TUBING			OTHER			
SLURRY WEIGHT			CEMENT LEFT IN CASING <u>5 1/2 Plug</u>			
SLURRY VOL			RATE <u>43PM</u>			
WATER gal/sk			DISPLACEMENT <u>13.7</u>			
CEMENT LEFT IN CASING			DISPLACEMENT PSI			
RATE			MIX PSI			

REMARKS: wash down last joint casing. Check casing depth w/wireline. Mix Pump 20 BBL Soap Flush. Mix Pump 7.5 BBL Talcum dye. Mix Pump 95 SKS OWC Cement w/ 10# Kol Seal per sack. Flush pump & lines clean. Displace 5 1/2" Rubber plug to casing TD w/ 13.7 BBLs KCL water. Pressure to 600# PSI. Release pressure to set float valve. Check plug depth w/wireline.
Note: Mix Cement w/ Biocide Treated H2O Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 164		840.00
5406	45 mi	MILEAGE Pump Truck 164		148.50
5407	Minimum	Ten mileage 510		285.00
5501	4 hrs	Transport 505-7106		400.00
1121	855ks	OWC Cement		
1110	950#	Kol Seal		
4400	1	5 1/2" Rubber Plug		
1140	1/2 Gal	Super sweet		
1142	1/2 Gal	KCL Substitute		
1143	1 Gal	ESA 41 - (soap)		
Sub Total				3461.00
Tax @ 6.55%				117.10
SALES TAX ESTIMATED TOTAL				3578.10

AUTHORIZED: [Signature] TITLE _____ DATE _____