

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 # 5056
 Name: F.G. Holl Company, L.L.C.
 Address: 9431 E. Central, Suite 100
Wichita, Kansas
 City/State/Zip:
 Purchaser:
 Operator Contact Person: Franklin R. Greenbaum
 Phone: (316) 684-8481
 Contractor: Name: Sterling Drilling Company
 License: 5142
 Wellsite Geologist: Jeffrey A. Burk
 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: F.G. Holl Company, L.L.C.
 Well Name: HAWLEY 9-7
 Original Comp. Date: 10/1983 Original Total Depth: 4391'
 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. _____
 RU: 12/18/2007 10/23/1983 RD: 12/22/2007
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 047-21122-00-01
 County: Barber
 C SW SE NW Sec. 7 Twp. 24 S. R. 16 East West
2970 feet from S (circle one) Line of Section
3630 feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: HAWLEY "OWWO" Well #: 9-7
 Field Name: Enlow Massey
 Producing Formation: Cherokee
 Elevation: Ground: 2082' Kelly Bushing: 2091'
 Total Depth: 4391' Plug Back Total Depth: 4300'
 Amount of Surface Pipe Set and Cemented at 254' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ACT WITHIN
 (Data must be collected from the Reserve Pit) 1-22-08
 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: Loueness Mpanje
 Title: Petroleum Geologist Date: 12/11/2007
 Subscribed and sworn to before me this 11th day of December 2007
20 The State of Kansas; County of Sedgwick
 Notary Public: Betty H. Spotswood
 Date Commission Expires: 04/30/2010

Notary Public - State of Kansas
 BETTY H. SPOTSWOOD
 My Appointment Expires 4/30/2010
4/30/2010

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
DEC 14 2007
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: F.G. Holl Company, L.L.C. Lease Name: HAWLEY "OWWO" Well #: 9-7
 Sec. 7 Twp. 24 S. R. 16 East West County: Barber

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ Top _____ Datum _____ See original ACO-1
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 (Submit Copy)	
List All E. Logs Run: See original ACO-1	

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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"	24#s	254'	60/40 Pozmix	210sx	3%cc, 2% gel
Production	7-7/8"	4-1/2"	10.5#	4382'	Lite	100sx	3%cc, 2% gel
					50/50 Pozmix	125sx	

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 (Amount and Kind of Material Used)	Depth
4 SPF	4252' - 4257'	Treat w/ 500 gal 5-10% acetic acid	

TUBING RECORD	Size <u>2-3/8"</u>	Set At _____	Packer At _____	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. _____	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION

Production Interval: 4252' - 4257' Cherokee

Open Hole Perf. Dually Comp. Commingled Other (Specify) _____