

**ORIGINAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form AGO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE JAN 21 2003

Operator: License # 32511  
Name: Imperial American Oil Corporation  
Address: 303 N Carroll Blvd #214  
City/State/Zip: Denton TX 76201  
Purchaser: None  
Operator Contact Person: Hal Porter  
Phone: (940) 483-9148  
Contractor: Name: Murfin Drilling Company, Inc.  
License: 30606  
Wellsite Geologist: Randy Kilian

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>8/23/02</u>	<u>8/30/02</u>	<u>8/30/02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-25,155 6360  
County: Ellis  
SE SW NW Sec. 33 Twp. 13S S. R. 19  East  West  
2550 feet from S N (circle one) Line of Section  
600 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Dorothy Well #: 33-1  
Field Name: Wildcat  
Producing Formation: None  
Elevation: Ground: 2257 Kelly Bushing: 2262  
Total Depth: 3995 Plug Back Total Depth: 3995  
Amount of Surface Pipe Set and Cemented at 559 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 559  
feet depth to surface w/ 275 sx cmt.

Drilling Fluid Management Plan *Per Eul 1-22-03*  
(Data must be collected from the Reserve Pit)  
Chloride content 55,000 ppm Fluid volume 400 bbls  
Dewatering method used Allow to dry, backfill  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ East West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

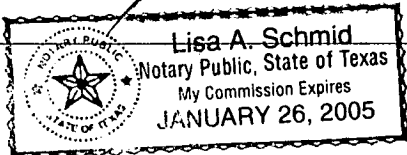
**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 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: Hal Porter  
Title: President Date: 1/17/2003

Subscribed and sworn to before me this 17th day of January,  
19 2003.

Notary Public: Lisa A. Schmid  
Date Commission Expires: \_\_\_\_\_



**KCC Office Use ONLY**

NO Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
YES Wireline Log Received  
YES Geologist Report Received  
\_\_\_\_ UIC Distribution

# ORIGINAL

Side Two

Operator Name: Imperial American Oil Corporation Lease Name: Dorothy Well #: 33-1  
 Sec. 33 Twp. 13S S. R. 19 East  West County: Ellis

**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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes	No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	No	Name	Top	Datum
Cores Taken	Yes	<input checked="" type="checkbox"/> No	Anhydrite	1554	+708
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes	No	Topeka	3276	-1014
List All E. Logs Run:			Lansing	3560	-1298
Micro, Compensated Density/Neutron, Dual Induction, Sonic			Arbuckle	3917	-1655

JAN 21 2003  
KCC WICHITA

CASING RECORD							
				New	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	559	common	275	3%cc, 2% gel

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)	
	Dry Hole			Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No
Date of First, Resumed Production, SWD or Enhr.		Producing Method					
Dry Hole		Flowing		Pumping		Gas Lift 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

Vented    Sold     Used on Lease    Open Hole    Perf.    Dually Comp.     Commingled  
*(If vented, Sumit ACO-18.)*     Other (Specify)

# ALLIED CEMENTING CO., INC. 11641

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: 2

DATE <u>8-30-02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>9:15 AM</u>	JOB FINISH <u>12:45 PM</u>
LEASE <u>DOROTHY</u>	WELL # <u>33-1</u>		LOCATION <u>YOCEMENTO 2S 1W 12N</u>	COUNTY <u>ELLIS</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one) <u>NEW</u>			EQUIPMENT <u>ERTATO</u>				

CONTRACTOR <u>MURFIN 16</u>	OWNER _____
TYPE OF JOB <u>PTA</u>	CEMENT _____
HOLE SIZE <u>7 7/8</u>	AMOUNT ORDERED <u>215 60/10 6% GEL</u>
CASING SIZE _____	<u>1/4 LB. FLO SEAL/SK</u>
TUBING SIZE _____	
DRILL PIPE <u>4 1/2</u>	
TOOL _____	
PRES. MAX _____	COMMON <u>129</u> @ <u>665</u> <u>85785</u>
MEAS. LINE _____	POZMIX <u>86</u> @ <u>355</u> <u>30530</u>
CEMENT LEFT IN CSG. _____	GEL <u>11</u> @ <u>1000</u> <u>11000</u>
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	<u>Flo Seal SA#</u> @ <u>140</u> <u>7560</u>

**EQUIPMENT**

PUMP TRUCK # <u>345</u>	CEMENTER <u>MARK</u>
	HELPER <u>DAVE</u>
BULK TRUCK # <u>360</u>	DRIVER <u>BRENT</u>
BULK TRUCK # _____	DRIVER _____

HANDLING <u>215</u>	@ <u>140</u>	<u>23650</u>
MILEAGE <u>42/SK</u>	/M.I.E	<u>1000</u>
TOTAL		<u>168525</u>

**REMARKS:**

<u>25 SKS C</u>	<u>3900</u>
<u>25 SKS C</u>	<u>1550</u>
<u>100 SKS C</u>	<u>950</u>
<u>40 SKS C</u>	<u>610</u>
<u>10 SKS C</u>	<u>40</u>
<u>15 SKS C</u>	<u>RH.</u>

JAN 21 2003 SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	<u>63000</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>10</u> @ <u>300</u>	<u>3000</u>
PLUG <u>858 DEYHOLE</u> @ _____	<u>2300</u>
TOTAL	
	<u>68300</u>

CHARGE TO: IMPERIAL AMERICAN

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FLOAT EQUIPMENT**

_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____

To Allied Cementing Co., Inc.  
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Bill Wynn Bill Wynn  
PRINTED NAME

THANKS

# ALLIED CEMENTING CO., INC. 11713

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: R

DATE <u>8/23/02</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>11:45 p.m.</u>	JOB START	JOB FINISH <u>11:45 A.m.</u>
LEASE <u>Dorothy</u>	WELL # <u>33-1</u>		LOCATION <u>Yocemento 23 1W 1N</u>	COUNTY <u>Ellis</u>		STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>E INTO</u>				

CONTRACTOR Murfin #110

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 560'

CASING SIZE 8 5/8 DEPTH 559'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 10'

PERFS. \_\_\_\_\_

DISPLACEMENT 34 3/4 lbs

**EQUIPMENT**

PUMP TRUCK CEMENTER Paul

# 177 HELPER Darin

BULK TRUCK

# 213 DRIVER Brent

BULK TRUCK

# \_\_\_\_\_ DRIVER \_\_\_\_\_

OWNER \_\_\_\_\_

CEMENT

AMOUNT ORDERED 275 Com 390cl  
290 Gel

COMMON <u>275</u>	@ <u>6.65</u>	<u>1,828.75</u>
POZMIX _____	@ _____	_____
GEL <u>5</u>	@ <u>10.00</u>	<u>50.00</u>
CHLORIDE <u>8</u>	@ <u>30.00</u>	<u>240.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>288</u>	@ <u>1.10</u>	<u>316.80</u>
MILEAGE <u>.045K/mi.</u>		<u>100.00</u>
TOTAL		<u>2,535.55</u>

**REMARKS:**

Cement Circulated!

Thank You!

JAN 21 2003

**SERVICE**

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_ 1650.00

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE 9 @ 3.00 27.00

PLUG 8 5/8 Solid Rubber @ \_\_\_\_\_ 100.00

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL 277.00

CHARGE TO: Imperial American

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

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TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE Bill Wynn

Bill Wynn  
PRINTED NAME