

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33011
Name: DEKA Exploration, Inc.
Address: P.O. Box 14057
City/State/Zip: Oklahoma City, OK 73113
Purchaser: None
Operator Contact Person: James L. Nondorf
Phone: (405) 749-0004
Contractor: Name: Murfin Drilling Company
License: 30606
Wellsite Geologist: Kevin Davis

RECEIVED

SEP 15 2003

KCC WICHITA

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. _____

8-20-03 8-27-03 8-27-03
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 071-20769-00-00

County: Greeley

NE NE NW Sec. 12 Twp. 17 S. R. 43 East West

330' feet from S / (N) (circle one) Line of Section

2310' feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) SW

Lease Name: Crotinger Well #: 1-12

Field Name: Wildcat

Producing Formation: Morrow

Elevation: Ground: 3863.7 Kelly Bushing: 3875'

Total Depth: 5172' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 268' 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
(Data must be collected from the Reserve Pit)

Chloride content: 3400 ppm Fluid volume _____ bbls

Dewatering method used Centrifuge

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

PAID 9-25-03

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: [Signature]

Title: Manager/Geologist Date: 9-10-03

Subscribed and sworn to before me this 11 day of Sept.

2003

Notary Public: [Signature]

Date Commission Expires: 5-7-07 NP-2003-263

KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

X

Operator Name: DEKA Exploration, Inc. Lease Name: Crotinger Well #: 1-12
 Sec. 12 Twp. 17 S. R. 43 East West County: Greeley

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 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 <i>(Submit Copy)</i> List All E. Logs Run: Array Induction Compact Density Neutron Micro Log | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

| CASING RECORD <input 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 | # Sacjs Used | Type and Percent Additives |
| Surface | 12 1/4" | 8 5/8" | 24 | 268' | Common Cement | 235 | 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 Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record (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, Sumit ACO-18.)</i> | METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | Production Interval _____ |
|--|---|---------------------------|

ALLIED CEMENTING CO., INC. 11194

15-074-20769-0000

ORIGINAL

Federal Tax I.D. [REDACTED] SERVICE POINT: OAKLEY

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

| | | | | | | | |
|---------------------------|--------|--------------------|-------|------------|-------------|-----------|------------|
| DATE | SEC | TWP | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
| 8-19-03 | 12 | 17S | 43W | | 1:00 PM | 4:00 PM | 4:30 PM |
| LEASE | WELL # | LOCATION | | | COUNTY | STATE | |
| CROTINGER | 1-12 | TRIBUNE 12N-14W-4S | | | GATLEY | Ks | |
| OLD OR (NEW) (Circle one) | | | | | | | |

CONTRACTOR MURFIN DRILL RIG #25 OWNER SAME

TYPE OF JOB SURFACE CEMENT AMOUNT ORDERED 235 SKS COM 3% CC 2% GEL

HOLE SIZE 12 1/4" T.D. 271'
CASING SIZE 8 5/8" DEPTH 271'

TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. 15' GEL 4 SKS @ 10% 40

PERFS. _____ CHLORIDE 8 SKS @ 30% 240

DISPLACEMENT 16 1/4 BBL _____
EQUIPMENT _____

PUMP TRUCK CEMENTER TERRY COMMON 235 SKS @ 8 3/4% 1962 25
300 HELPER WAYNE POZMIX _____ @ _____

BULK TRUCK # 218 DRIVER LONNIE HANDLING 235 SKS @ 1.15 270
MILEAGE 0.59 PER SK/MILE 940

BULK TRUCK # _____ DRIVER _____ TOTAL 3452 50

REMARKS: _____ SERVICE _____
CEMENT TESTS OK ✓

DEPTH OF JOB 271'
PUMP TRUCK CHARGE _____ 520 00

EXTRA FOOTAGE _____ @ _____
MILEAGE 80 mi @ 3.50 280 00

PLUG 9 7/8 SURFACE @ _____ 45 00

THANK YOU TOTAL 845 00

CHARGE TO DEKAY EXPERIMENTAL FIRM FLOAT EQUIPMENT _____

STREET _____ CITY _____ STATE _____ ZIP _____

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 us 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.

TAX _____ TOTAL CHARGE _____ DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature] PRINTED NAME David Conricker

ALLIED CEMENTING CO., INC. 12249

ORIGINAL

Federal Tax I.D.

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

SERVICE POINT:
Oakley

| | | | | | | | |
|--------------------------------|--------------------|-------------------------------------|-----------------------|------------------|----------------------------|--------------------------|------------|
| DATE <u>8-26-03</u> | SEC <u>12</u> | TWP <u>17S</u> | RANGE <u>43W</u> | CALLED OUT | ON LOCATION <u>6:30 PM</u> | JOB START <u>6:45 PM</u> | JOB FINISH |
| LEASE <u>Crottinger</u> | WELL # <u>1-12</u> | LOCATION <u>Tribune 10N-12W-46S</u> | COUNTY <u>Greeley</u> | STATE <u>Kan</u> | | | |
| OLD OR <u>NEW</u> (Circle one) | | | | <u>W.S.</u> | | | |

CONTRACTOR MurFin Dls Co #25-

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 5172

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 XH DEPTH 2690'

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Walt

373 HELPER Andrew

BULK TRUCK

361 DRIVER Larry

BULK TRUCK

DRIVER

REMARKS:

50 sks @ 2690'

80 sks @ 1966'

50 sks @ 964'

50 sks @ 311'

10 sks @ 40'

15 in R.H.

10 in M.H.

CHARGE TO: Deka Exploration

STREET _____

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE [Signature]

OWNER Same

CEMENT

AMOUNT ORDERED 265 sks 60/40 per
6% Gel, 1/4" Flo-Sacl

| | | | | |
|-----------------|-----------------------|---|--------------|-----------------|
| COMMON | <u>159 sks</u> | @ | <u>8.35</u> | <u>1,327.65</u> |
| POZMIX | <u>106 sks</u> | @ | <u>3.80</u> | <u>402.80</u> |
| GEL | <u>14 sks</u> | @ | <u>10.00</u> | <u>140.00</u> |
| CHLORIDE | | @ | | |
| <u>Flo-Sacl</u> | <u>66 #</u> | @ | <u>1.40</u> | <u>92.40</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>265 sks</u> | @ | <u>1.15</u> | <u>304.75</u> |
| MILEAGE | <u>54 per SK/mile</u> | | | <u>1,060.00</u> |
| TOTAL | | | | <u>3,327.60</u> |

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE 630.00

EXTRA FOOTAGE @

MILEAGE 80-miles @ 3.50 280.00

PLUG 8 3/8 D.H. @ 23.00

TOTAL 933.00

FLOAT EQUIPMENT

TOTAL _____

TAX _____

TOTAL CHARGE 4,260.60

DISCOUNT -426.66 IF PAID IN 30 DAYS

3,834.54

PRINTED NAME David Cunningham

RECEIVED
SEP 15 2003
KCC WICHITA