

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API NO. 15- 171-205380000

County Scott

C SE/4SE/4 Sec. 7 Twp. 19 Rge. 31 X <sup>E</sup> <sub>W</sub>

500 Feet from S (circle one) Line of Section

400 Feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name Dearden Well # 1

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 2974' KB 2982'

Total Depth 4711' PBDT 4712'

Amount of Surface Pipe Set and Cemented at 262 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cnt.

Drilling Fluid Management Plan A.H. 1, 3-30-00 uc.  
(Data must be collected from the Reserve Pit)

Chloride content 1100 ppm Fluid volume 300 bbls

Dewatering method used Air Evaporation

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name NOV 29 1999

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

Operator: License # 32154

Name: Sagebrush Operating LLC

Address 1888 Sherman Street, Ste. 500

City/State/Zip Denver, CO 80203

Purchaser: \_\_\_\_\_

Operator Contact Person: Robert D. Johnson

Phone (303) 866-0011

Contractor: Name: Duke Drilling Company, Inc.

License: 5929

Wellsite Geologist: Timothy Pierce

Designate Type of Completion  
 New Well  Re-Entry  Workover

Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: 171-20538000

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBDT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

08/28/99 09/06/99 09/06/99  
Spud Date Date Reached TD Completion Date

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 on 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 Robert P. Johnson

Title Exec. V.P. Date 11-23-99

Subscribed and sworn to before me this 23 day of November, 19 99.

Notary Public Charles Ruelh Ray

Date Commission Expires 3-16-2003

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/> KCC	<input type="checkbox"/> SMD/Rep	<input type="checkbox"/> NGPA
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug	<input type="checkbox"/> Other (Specify)

Operator Name Sagebrush Operating LLC

Lease Name Dearden

Well # 1

Sec. 7 Twp. 19S Rge. 31

East  
 West

County Scott

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken  Yes  No  
(Attach Additional Sheets.)

Samples Sent to Geological Survey  Yes  No

Cores Taken  Yes  No

Electric Log Run  Yes  No  
(Submit Copy.)

List All E.Logs Run:  
Micro Log  
Sonic  
Compensated Neutron Density Log  
Dual Induction Log

Name	Top	Datum	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
			Base Anhydrite	2288'	+694
Krider	2771'	+211			
Heebner	3913'	-931			
Lansing	3953'	-971			
BKC	4334'	-1352			
Mississippi	4598'	-1616			

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 casing	12-1/4"	8-5/8"	25	262'	60/40 Pozmix	160	2%gel, 3%cc

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
	This Well was abandoned as a dry hole, but since shallow formations, the Well was taken over by owner of the shallow horizons.	Sagebrush does not own rights to the Intermountain Refining, Inc., the	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_



CHARGE TO: Sagebrush  
 ADDRESS:  
 CITY, STATE, ZIP CODE: Denver Co.

TICKET No. 1576  
 PAGE 1 OF 1

SERVICE LOCATIONS: Ness City, KS WELL/PROJECT NO.: 7-16 LEASE: Deardon COUNTY/PARISH: Scott STATE: Ks CITY: Ness City, KS DATE: 8-30-99 OWNER: Same  
 TICKET TYPE:  SERVICE  SALES CONTRACTOR: Duke right RIG NAME/NO.: SHIPPED VIA: DELIVERED TO: S/E of Scott City ORDER NO.:  
 WELL TYPE: Oil WELL CATEGORY: Development JOB PURPOSE: new well Surface WELL PERMIT NO.: WELL LOCATION:  
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	103	40	mi		2.00	80.00
576		1			Pump Service		260	hr		1.75	450.00
410		1			Top Plug	wood	1	ea	88 in	56.00	56.00
326		1			60/40 port mix		160	cu yd		5.00	800.00
278		1			Calcium Chloride		4	sk		25.00	100.00
581		1			Service Charge		160	hr		1.00	160.00
583		1			Druggage		270	lb	ton mile	.75	202.95

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 DATE SIGNED: 8-30-99 TIME SIGNED: 09:00  A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				1848	95
WE UNDERSTOOD AND MET YOUR NEEDS?				5% Discount	1756
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	57
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	1814
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					17

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: [Signature]

APPROVAL: [Signature] Thank You!

**JOB LOG**

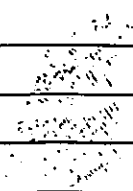
**SWIFT Services, Inc.**

DATE 8-30-98 PAGE NO. 27

CUSTOMER Sagebrush WELL NO. 7-16 LEASE Deardon JOB TYPE Surface TICKET NO. 1576

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	06:30							Called out
	07:00							On location / set up truck Rig running casing Casing on bottom Hooked up to well head
	09:30							Started circ.
	09:40							Done circulates
	09:47							Started mixing cement 160815
	09:54	5	37					Done mixing cement
	09:55							Release plug
	09:56							Started displ
	10:00	4	16					Done w/ displ
	10:10							Shut in at well head
	10:20							Cement dial circulate
	10:30							Washed up truck Rashed up Job completed
								Thank you L. D. Luck
								To Tracy R. Legleiter
								Trk #103 Bulk Trk #301

KANSAS CORPORATION  
NOV 20 1998



ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API NO. 15- 171-20538-00-00  
County Scott  
SE SE Sec. 7 Twp. 19S Rge. 31 X W

Operator: License # 32356

500 Feet from (S)N (circle one) Line of Section

Name: Intermountain Refining Co., Inc.

400 Feet from (E)W (circle one) Line of Section

Address P.O. Box 35

Footages Calculated from Nearest Outside Section Corner:  
NE, (SE) NW or SW (circle one)

City/State/Zip Farmington, New Mexico 87499-0035

Lease Name Dearden Well # 1-7

Purchaser: \_\_\_\_\_

Field Name Hugoton NE

Operator Contact Person: Bob Emberton

Producing Formation Krider

Phone (316) 872-3229

Elevation: Ground 2974 KB 2982

Contractor: Name: \_\_\_\_\_

Total Depth 4712 PBDT \_\_\_\_\_

License: 171-20538-00-00

Amount of Surface Pipe Set and Cemented at 262 Feet

Wellsite Geologist: \_\_\_\_\_

Multiple Stage Cementing Collar Used? X Yes \_\_\_\_\_ No

Designate Type of Completion HOM CONFIDENTIAL

If yes, show depth set 2254 Feet

X New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_

If Alternate II completion, cement circulated from 2254

X Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_ Temp. Abd. \_\_\_\_\_  
Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW \_\_\_\_\_

feet depth to Surface w/ 200 sx cmt.

\_\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

If Workover/Reentry: Old Well Info as follows:

Operator: Sagebrush Operating LLC

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Well Name: Dearden # 7-16

Dewatering method used Not Necessary Evaporated

Comp. Date 9-6-99 Old Total Depth 4712

Location of fluid disposal if hauled offsite: \_\_\_\_\_

X Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD \_\_\_\_\_  
X Plug Back \_\_\_\_\_ PBDT \_\_\_\_\_

Operator Name \_\_\_\_\_

\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

\_\_\_\_\_ Other (SWD or Inj?) \_\_\_\_\_ Docket No. \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

08-28-99 09-08-99 10-10-99  
Spud Date Date Reached TD Completion Date

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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.

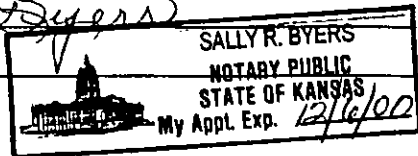
Signature [Signature]

Title Petroleum Consultant Date 12-06-99

Subscribed and sworn to before me this 6th day of December, 19 99.

Notary Public [Signature]

Date Commission Expires \_\_\_\_\_



K.C.C. OFFICE USE ONLY  
F YES Letter of Confidentiality Attached  
C YES Wireline Log Received  
C \_\_\_\_\_ Geologist Report Received from Sagebrush  
Distribution  
\_\_\_\_\_ KCC \_\_\_\_\_ SWD/Rep \_\_\_\_\_ NGPA  
\_\_\_\_\_ KGS \_\_\_\_\_ Plug \_\_\_\_\_ Other (Specify)

SIDE TWO

Operator Name Intermountain Refining Co., Inc. Lease Name Dearden Well # 1-7

Sec. 7 Twp. 19S Rge. 31  East  West County Scott

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken  Yes  No  
 (Attach Additional Sheets.)  
 Samples Sent to Geological Survey  Yes  No  
 Cores Taken  Yes  No  
 Electric Log Run  Yes  No  
 (Submit Copy.)  
 List All E.Logs Run: CND, DF, MICRO, SONIC

Log Formation (Top), Depth and Datums  Sample

Name	Top	Datum
Stone Corral	2217	+765
Chase	2770	+212
Council Grove	3025	-43
Heebner	3913	-931
Lansing	3953	-971
Stark	4248	-1266
Marmaton	4374	-1392
Cherokee	4496	-1514
Mississippi	4598	-1616

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		8-5/8	25	262'	60/40 Poz	160	2% gel, 3% cc
Production	7 7/8"	4 1/2"	10.5	2964	Premium Midcon	115/200	

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				<u>FROM COUNCIL GROVE</u>

PERFORATION RECORD Bridge Plug Set  
 Specify Footage of Each Interval Perforated

Shots Per Foot	Set/Type	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2776-2804	Krider	1000 gal 15% FE Acid	
4 SPF		18,500# Sand Frac	

DEC 07 1999

TUBING RECORD

Size	Set At	Packer At	Liner Run
2-3/8"	2814'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf 50	Water Bbls. 15	Gas-Oil Ratio	Gravity

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 2776-2804'  
 (If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_