

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

DEC 09 2002

KCC WICHITA
ORIGINAL

Operator: License # 4894
 Name: Horseshoe Operating, Inc.
 Address: 500 W. Texas, Suite 1190
 City/State/Zip: Midland, Tx 79701
 Purchaser: Duke
 Operator Contact Person: S. L. Burns
 Phone: (915) 683-1448
 Contractor: Name: _____
 License: _____
 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. _____
 1/28/02 1/31/02 3/3/94 *original*
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date _____ _____

API No. 15 - 071-20617-0001
 County: Greeley
C - NE Sec. 4 Twp. 20 S. R. 39 East West
3960 feet from (S) / N (circle one) Line of Section
1320 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 _____ (circle one) NE SE NW SW
 Lease Name: Nickelson Well #: 1-4
 Field Name: Bradshaw
 Producing Formation: Chase
 Elevation: Ground: 3510 Kelly Bushing: _____
 Total Depth: 2832 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at _____ 364 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 2831
 feet depth to SURFACE w/ 600 sx cmt.
 Drilling Fluid Management Plan *Widow Cel 12.12.02*
 (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.: _____

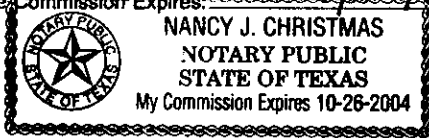
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Dennis J. Hendler
 Title: Production Date: 12-5-02
 Subscribed and sworn to before me this 5 day of December
10 2002
 Notary Public: Nancy J. Christmas
 Date: 10/26/04

KCC Office Use ONLY

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



15-071-20617-0001

ORIGINAL

Operator Name: Horseshoe Operating, Inc. Lease Name: Nickelson Well #: 1-4
 Sec. 4 Twp. 20 S. R. 39 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 (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Log Name</th> <th style="width:50%;">Formation (Top), Depth and Datum</th> <th style="width:30%;">Sample Datum</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 09 2002</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">KOC WICOMTA</p>	Log Name	Formation (Top), Depth and Datum	Sample Datum			
Log Name	Formation (Top), Depth and Datum	Sample Datum					

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		364	C		3% cc
Production		4-1/2		2831	C	600	floseal

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
1	2802' - 2809'	3000# & 18,000# 12/20 sand 3000# 100 mesh	
		1500 gals 15% HCL 30# gel	

TUBING RECORD		Size <u>2-3/8</u>	Set At <u>2726</u>	Packer At	Liner Run	Yes	No
Date of First, Resumed Production, SWD or Enhr. <u>3-3-94</u>			Producing Method				
Estimated Production Per 24 Hours			Oil Bbls. <u>-</u>	Gas Mcf <u>35</u>	Water Bbls.	Gas Lift	Other (Explain)

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 _____