

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 31251
Name: WABASH ENERGY CORPORATION
Address: P.O. Box 595
City/State/Zip: Lawrenceville, IL 62439
Purchaser: _____
Operator Contact Person: E.L. Whitmer, Jr.
Phone: (618) 943-3365
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Frank Mize

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. _____
5/2/01 5/12/01 5/13/01
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 171-20,561-00-00
County: Scott
49' N of C E/2 - SW Sec. 31 Twp. 17 S. R. 31W East West
1369 feet from S (circle one) Line of Section
1980 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Strickert Well #: 11
Field Name: Beckley North Ext.
Producing Formation: Cherokee
Elevation: Ground: 2964 Kelly Bushing: 2972
Total Depth: 4625 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 232.14 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2300 Feet
If Alternate II completion, cement circulated from 2300
feet depth to Surface w/ 215 ex cmt.

Drilling Fluid Management Plan File 11 GH 7-25-02
(Data must be collected from the Reserve Pit)
Chloride content 16,000 ppm Fluid volume 320 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County _____ Docket No.: _____
07-02-01

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: E.L. Whitmer
Title: President Date: 6/27/01
Subscribed and sworn to before me this 27th day of June,
2001
Notary Public: Tracy Rucker
Date Commission Expires: 3/28/04

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received

UIC Distribution

OFFICIAL SEAL
TRACY RUCKER
Notary Public, State of Illinois
My Commission Expires: 3/28/04

Operator Name: WABASH ENERGY CORPORATION

Lease Name: Strickert

Well #: 11-000

Sec. 31 Twp. 17 S. R. 31W East West

County: Scott

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 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:

DL, CNL-COL

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Anhydrite Base	2315	651
Topeka	3659	-687
Heebner	3897	-925
Lansing	3936	-964
Base Kansas City	4291	-1319
Marmaton	4346	-1374
Pawnee	4416	-1444
Cherokee	4460	-1488
Johnson	4531	-1559
Cherokee Lime	4550	-1578
Mississippian	4565	-1593

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 Pipe	12 1/2	8 5/8	20	232.14	Common	160	2%Gel&3%CC
Production St.	7 7/8	5 1/2	14	4620	Common	150	5%Cal&10%Salt
			DV Tool @ 2300'		SMDC	215	1/4#FC/sk

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	4551-4555	Acidize w/500 Gallon, 15% MCA	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8" EUE	4555'		<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
6/18/2001	<input type="checkbox"/> Flowing <input checked="" 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
	60	Trace	0		

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: _____

JOB LOG

SWIFT Services, Inc.

DATE 5-13-01 PAGE NO.

CUSTOMER W. abash WELL NO. 11 LEASE strickert JOB TYPE 2 stage TICKET NO. 3481

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	0430							on LOC Rig Laying Down D.P.
	0800							STCSG Run float shoe, DV Ruffi
								Cent. on Collars 2, 4, 7, 19, 60, 63
								Baskets on JT 6 + 6' below coll
								on JT 61 w/ E2 LOC clamp
								D.V. on Top of 61 2300'
								CSG on bottom CIRC w/mud
	1045							ST 500 gal mud flush
								20 BBL KCL water
								150 SKS STD, 5% Caserol, 10% Salt,
								1/2% CFR-2, 1/2% D-AIR, 1/4 # flocc
			3600					finish CMT wash out P+L
								ST Disp w/ 50 BBL water + 63 BBL n
			112				1000	Plug Down
								Release Handhold
								Drop P.V. open Bomb
							1200	open DV + CIRC w/mud
								Plug Rat + mouse hole w/ 20 SKS cm
								Pump 20 BBL KCL water
			135 BBL					Pump 215 SKS smd, 1/4 # flocc, 1/200.
								finish CMT
			56					ST DISP
	1230						1500	Plug Down CMT DID CIRC ✓
	1300							Job Complete

ORIGINAL

CONFIDENTIAL



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 3981

CUSTOMER *Wabnt* WELL *Strickert #11* DATE *5-13-d* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING.			TIME	DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	UM	QTY.	UM			
325						STD CMT	150	SK			6.75	1012	50
330						SMD CMT	235	SK			9.50	2232	50
284						Calseal	7	SK			25.00	175	00
276						Flocele	100	lbs			.90	90	00
283						Salt	750	lbs			.15	112	50
285						CF-2	71	lbs			2.75	195	25
290						D-AIR	100	lbs			2.75	275	00
581						SERVICE CHARGE			CUBIC FEET			385	00
583						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			75	730.67
							38969	50	974.23				

CONFIDENTIAL ORIGINAL
 785-798-2300
 5/13/08

CONTINUATION TOTAL 6709.42



CHARGE TO: *Wabash*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET
No 3481

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>1000 City</i>	WELL/PROJECT NO. <i>11</i>	LEASE <i>Strickert</i>	COUNTY/PARISH <i>Scott</i>	STATE <i>KS</i>	CITY: <i>Scott City</i>	DATE <i>5-13-01</i>	OWNER <i>SAME</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Discovery</i>	SHIPPED VIA <i>105</i>	DELIVERED TO <i>Scott City</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>2 STAGE 45</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575					MILEAGE <i>105</i>	50	mi	2	50	125.00
579					Pump charge <i>2 STAGE</i>	1	EA	2	750	1500.00
407					Insert float shoe	1	EA	5/2	40	200.00
402					Centralizers	6	EA		40	240.00
403					Cement Packer	2	EA			220.00
408					D-V + Plug set	1	EA			2000.00
299					EZ LOC clamp	1	EA			30.00
281					m-d flush	500	gal		50	250.00
221					Liquid KCL	4	bx		19.00	76.00
					From Continuation					5208.42

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

x *Thomas DL*

DATE SIGNED *5-13-01* TIME SIGNED *0600*

A.M.
 P.M.

REMIT PAYMENT TO:

ORIGINAL

CONFIDENTIAL

SWIFT SERVICES, INC
P.O. BOX 466
WESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				9849.42
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



CHARGE TO: *Wabash Energy*

ADDRESS:

CITY, STATE, ZIP CODE:

TICKET No 3587

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>W. Energy</i>	WELL/PROJECT NO. <i>#11</i>	LEASE <i>Street</i>	COUNTY/PARISH <i>Scott</i>	STATE <i>Pa.</i>	CITY	DATE <i>5-7-01</i>	OWNER <i>Scm</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Discovey Drilling</i>	RIG NAME/NO.	SHIPPED VIA <i>CVT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Crane Service Co.</i>	WELL PERMIT NO.	WELL LOCATION <i>Sec 30-17B-22W</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE 1103	50	mi	2.70		135.00
576		1			Pump Service	1	hour	500.00		500.00
581		1			Service Charge	160	hr	1.00		160.00
583		1			Drayage	393.5	ton	0.75		295.13
395		1			Standard Parts	160	hr	6.75		1080.00
219		1			Restrike	3	hr	11.00		33.00
273		1			Cable and Choke	5	hr	2.40		12.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED: _____ TIME SIGNED: _____

A.M.
 P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>2313</i>	<i>13</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX		
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

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

SWIFT OPERATOR *[Signature]* APPROVAL _____

Thank You!