

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
12-5-02
DEC 05 2002

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM KCC WICHITA
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 9855
Name: Grand Mesa Operating Company
Address: 200 E. First St., Ste 307
City/State/Zip: Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Ronald N. Sinclair
Phone: (316) 265-3000
Contractor: Name: Duke Drilling Company, Inc.
License: 5929
Wellsite Geologist: Wes Hansen

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>11-19-02</u>	<u>11-26-02</u>	<u>11-26-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24201-00-00
County: Ness
W2SE NW Sec. 9 Twp. 18 S. R. 24 East West
2010 feet from S N (circle one) Line of Section
1680 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Potter Well #: 1-9
Field Name: Wildcat

Producing Formation: _____
Elevation: Ground: 2297' Kelly Bushing: 2306'
Total Depth: 4450' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 5 jts @ 214' 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 P+A's by 12-19-02
(Data must be collected from the Reserve Pit)
Chloride content 4200 ppm Fluid volume 6800 bbls
Dewatering method used Evaporation & 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: Ronald N. Sinclair
Title: President Date: 12/4/02

Subscribed and sworn to before me this 4th day of December
20 02.

Notary Public: Phyllis E. Brewer
PHYLLIS E. BREWER, Notary 246

Date Commission Expires: July 21, 2003

KCC Office Use ONLY

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

PHYLLIS E. BREWER
Notary Public - State of Kansas
My Appt. Expires 7-21-03

15-135-24201-0000

ORIGINAL

Side Two

Operator Name: Grand Mesa Operating Company Lease Name: Potter Well #: 1-9
 Sec. 9 Twp. 18 S. R. 24 East West County: Ness

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	RECEIVED DEC 05 2002 KCC WICHITA	<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		Stone Corral	1582'	+ 724
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes No		Heebner	3684'	-1378
List All E. Logs Run:			Lansing	3728	-1422
Dual Induction		Ft. Scott	4237'	-1931	
Compensated Neutron Density		Cherokee Sd(Conglomerate)	4325'	-2019	
Compensated Sonic		Mississippian	4347'	-2041	

CASING RECORD <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	24	214'	60/40 Poz	140	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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run	Yes	No

Date of First, Resumed Production, SWD or Enhr.	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, Sumit ACO-18.)*

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

Production Interval _____

ALLIED CEMENTING CO., INC.

0103

REMITTO P.O. BOX 31
RUSSELL, KANSAS 67665

15-135-24201-0000

SEI **ORIGINAL**
Wichita

DATE <u>11-19-02</u>	SEC. <u>9</u>	TWP. <u>16</u>	RANGE <u>24w</u>	CALLED OUT <u>3:00 pm</u>	ON LOCATION <u>5:00 pm</u>	JOB START <u>8:00 pm</u>	JOB FINISH <u>9:00 pm</u>
LEASE <u>Potter</u>	WELL# <u>1-9</u>	LOCATION <u>Ness City Shop - 3 north</u>			COUNTY <u>Ness</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>			<u>4 West - 2 north - 2 west</u>				

CONTRACTOR Duke #4

TYPE OF JOB Surface

HOLE SIZE 12 3/4 T.D. 214'

CASING SIZE 8 5/8 DEPTH 214'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. approx 15'

PERFS. _____

DISPLACEMENT 12 3/4

OWNER Grand Mesa

CEMENT AMOUNT ORDERED 140 sk 60/40 3 & 2

COMMON	<u>84</u>	@	<u>6.65</u>	<u>558.60</u>
POZMIX	<u>56</u>	@	<u>3.55</u>	<u>198.80</u>
GEL	<u>3</u>	@	<u>10.00</u>	<u>30.00</u>
CHLORIDE	<u>4</u>	@	<u>30.00</u>	<u>120.00</u>

EQUIPMENT

PUMP TRUCK # <u>224</u>	CEMENTER <u>Jack</u>
	HELPER <u>Jim</u>
BULK TRUCK # <u>260</u>	DRIVER <u>Lonnie</u>
BULK TRUCK # _____	DRIVER _____

HANDLING	<u>147</u>	@	<u>1.10</u>	<u>161.70</u>
MILEAGE	<u>8</u>		<u>M.A</u>	<u>100.00</u>

RECEIVED

TOTAL 1169.10

DEC 05 2002

KCC WICHITA SERVICE

REMARKS:

Run 5 jts of 8 5/8 csg - Cement with 140 sk cement - Displace plug with 12 3/4 BBLs fresh water - Cement did Circ - ✓

DEPTH OF JOB	<u>214'</u>		
PUMP TRUCK CHARGE			<u>520.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>8</u>	@	<u>3.00</u> <u>24.00</u>
PLUG 1-8 5/8 Wood		@	<u>45.00</u> <u>45.00</u>

Thanks

TOTAL 589.00

CHARGE TO: Grand Mesa

STREET 200 East 1st Street Suite 307

CITY Wichita STATE KS ZIP 67202

FLOAT EQUIPMENT

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

TOTAL _____

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.

TAX	<u>- 0 -</u>
TOTAL CHARGE	<u>1758.10</u>
DISCOUNT	<u>175.81</u> IF PAID IN 30 DAYS

SIGNATURE Colin D. Roach

Colin D. Roach
PRINTED NAME

Net #1582.29

ALLIED CEMENTING CO., INC. 13056

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

15-135-24201-0000

05 2002 SERVICE POINT:

Mass City

DATE <i>11-26-02</i>	SEC. <i>9</i>	TWP. <i>18</i>	RANGE <i>24</i>	CALLED OUT <i>9:00AM</i>	ON LOCATION <i>11:55</i>	JOB START <i>12:45</i>	JOB FINISH <i>4:00PM</i>
LEASE <i>P. H. C.</i>		WELL # <i>9-1</i>		LOCATION <i>Mass 3N 4W 2E N.</i>		COUNTY <i>Mass</i>	STATE <i>Ks</i>
OLD OR NEW (Circle one)							

CONTRACTOR *Duke*

TYPE OF JOB *Rotary Plug*

HOLE SIZE *7 1/8* T.D. *4450'*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2 x 11* DEPTH *1627'*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER *Grand Mesa*

CEMENT

AMOUNT ORDERED *255 dx 40/40 6% gel*

1/4" #10 seal per dx.

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

ME

PUMP TRUCK CEMENTER *Tom*

181 HELPER *Tom*

BULK TRUCK

_____ DRIVER *Bud*

BULK TRUCK

_____ DRIVER _____

RECEIVED

DEC 06 2002

KCC WICHITA

SERVICE

TOTAL _____

REMARKS:

KCC witnessed: Mike Mason

1st 1627' - 50 dx

2nd 1000' - 80 dx

3rd 500' - 50 dx

4th 240' - 50 dx

10 dx - 40'

15 dx - cat hole

DEPTH OF JOB *1627'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG *1- 8 3/4 dry hole* @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: *Grand Mesa*

STREET *200 East 1st St. Suite 307*

CITY *Wichita* STATE *Kansas* ZIP *67202*

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *G. D. Roach*

G. D. Roach

PRINTED NAME