

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

CONFIDENTIAL

ORIGINAL

Operator: License # 5003
Name: McCoy Petroleum Corporation
Address: 453 S. Webb Rd. Ste. #310, P.O. Box 780208
City/State/Zip: Wichita, KS 67278-0208
Purchaser: Eagwing #21205
Operator Contact Person: Scott Hampel
Phone: (316) 636-2737
Contractor: Name: L. D. Drilling Inc.
License: 6039
Wellsite Geologist: Corey Baker

API No. 15-109,20,586-0000
County: Logan

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

SW NE SW Sec 1 Twp 11 S. R. 34 East West
1650fst feet from (S) N (circle one) Line of Section
1650fwl feet from (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Lease Name: THRASHER ESTATE Well #: 1-1

Field Name: Wildcat

Producing Formation: Lansing/Kansas City

Elevation: Ground: 3197' Kelly Bushing: 3202'

Total Depth: 4775' Plug Back Total Depth: 4728'

Amount of Surface Pipe Set and Cemented at 259 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2680 Feet

If Alternate II completion, cement circulated from 0

feet depth to 2680 w/ 585 sx crnt.

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. _____

3/18/02 3/28/02 4/18/02

Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan File 11 on 7-28-03
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ 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.: _____

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: Scott Hampel

Title: Petroleum Engineer Date: 6/10/02

Subscribed and sworn to before me this June day of 2002

NOTARY PUBLIC - State of Kansas
KAREN E. HOUSEBERG
My Appt. Exp. 9/5 2002

Notary Public: Karen E. Houseberg

Date Commission Expires: 9/05/02

KCC Office Use ONLY

Yes Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: McCoy Petroleum Corporation Lease Name: THRASHER ESTATE Well #: 1-1
 Sec. 1 Twp. 11S S. R. 24 East West County: Logan

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: _____

GR-CBL-CCL, Dual Induction, Neutron-Density, Microresistivity Logs

Name	Top	Datum
Anhydrite 2673 (+ 529)		Lansing "I" 4310 (- 1108)
Bs. Anhydrite 2698 (+ 504)		Lansing "J" 4334 (- 1132)
Heebner 4080 (- 878)		Stark Shale 4350 (- 1148)
Lansing 4120 (- 918)		Lansing "K" 4361 (- 1159)
Muncie Creek Shale 4262 (- 1060)		Johnson Zone 4668 (- 1466)
Lansing "H" 4276 (- 1074)		Mississippian 4727 (- 1525) LTD 4777

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 casing	12 1/4"	8 5/8"	23#	259'	ASC	165	2%gcl, 3% CC
Production casing	7-7/8"	4-1/2"	10.5#	4774'	ASC	225	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-2680	60/40 Pozmix	585	8%gel, 1/4#Flocele/sk w/8.3g/sk, Circ 20 sks@Surf

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
		Amount	Kind	
4	4277-83 (Lansing 'H')	1000 g.	15% Fe/Ne	
4	4314-19 (Lansing 'I')	1000 g.	15% Fe/Ne	
4	4338-42 (Lansing 'J')	1000 g.	15% Fe/Ne	
4	4364-70 (Lansing 'K')	1500 g.	15% Fe/Ne	

TUBING RECORD

Size: 2-3/8" Set At: 4412.5' Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 4/26/02 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. <u>170</u>	Gas Mcf <u>0</u>	Water Bbls. <u>2</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease (If vented, Submit A CO- 18.)

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

Production Interval: _____

6-10-04



Natural Gas - Crude Oil
Exploration & Production

John Roger McCoy
President

Kevin McCoy
Vice-President

Keith McCoy
Treasurer

McCOY PETROLEUM CORPORATION

453 S. Webb Road, Suite 310
Wichita, KS 67278-0208

316-636-2737
316-636-2741 (Fax)

RECEIVED
JUN 14 2002
KCC WICHITA

6-10-04
JUN 14 2004
KCC

June 10, 2002

CONFIDENTIAL

Kansas Corporation Commission
Conservation Division
130 S. Market - Room 2078
Wichita, KS 67202

KCC

Ref: Thrasher Estate 1-1
SW NE SW
Sec. 1-11S-34W
Logan County, KS

JUL 10 2002
CONFIDENTIAL

API#: 15-109-20,686-0000

Dear Regulators:

An additional one year "Confidential Custody" extension is hereby requested on the above referenced well as is authorized by KAR. 82-3-107 (e) (4).

Sincerely yours,

Karen Houseberg
Prod. Assistant

cc:S.Hampel



Natural Gas - Crude Oil
Exploration & Production

McCOY PETROLEUM CORPORATION

453 S. Webb Road, Suite 310
Wichita, KS 67278-0208

316-636-2737
316-636-2741 (Fax)

John Roger McCoy
President

Kevin McCoy
Vice-President

Keith McCoy
Treasurer

June 10, 2002

RECEIVED
JUN 14 2002
KCC WICHITA

Original
JUN 10 2002
12:10 PM
CONFIDENTIAL

Kansas Corporation Commission
Conservation Division
130 S. Market - Room 2078
Wichita, KS 67202

Ref: Thrasher Estate 1-1
SW NE SW
Sec. 1-11S-34W
Logan County, KS
API#: 15-109-20,686-0000

Dear Regulators:

Please hold any information on the above referenced well in "Confidential Custody" for the maximum time as prescribed in K.A.R. 82-3-107 (e) (1). An additional one year extension will be requested later as is authorized by K.A.R. 82-3-107 (e) (4).

Sincerely yours,

Karen Houseberg
Production Assistant

cc:Bob Peterson

ALLIED CEMENTING CO., INC. 15-109-20686-0000

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

SERVICE POINT: ORIG

ORIGINAL
CRLEY

CONFIDENTIAL

DATE <u>3-18-02</u>	SEC. <u>1</u>	TWP. <u>11S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>7:15 PM</u>	JOB START <u>10:30 PM</u>	JOB FINISH <u>11:00 PM</u>
THRASHER ESTATE LEASE	WELL # <u>1-1</u>	LOCATION <u>MONUMENT 2W-1W</u>			COUNTY <u>LOGAN</u>	STATE <u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR <u>L.O. DRUG</u>	OWNER <u>SAME</u>
TYPE OF JOB <u>54' FACE</u>	CEMENT
HOLE SIZE <u>12 1/4"</u> T.D. <u>262'</u>	AMOUNT ORDERED <u>165 SKS COM-32CC 2666L</u>
CASING SIZE <u>8 7/8"</u> DEPTH	
TUBING SIZE DEPTH <u>KCC</u>	
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM <u>JUL 0</u>	COMMON <u>165 SKS @ 7.85 1295.25</u>
MEAS. LINE SHOE JOINT	POZ MIX @
CEMENT LEFT IN CSG <u>15'</u>	<u>35 SKS @ 10.00 350.00</u>
PERFS.	CHLORIDE <u>55 SKS @ 3.00 165.00</u>
DISPLACEMENT <u>16 BBL.</u>	@
EQUIPMENT	@
PUMP TRUCK CEMENTER <u>TERRY</u>	@
# <u>3010</u> HELPER <u>WAYNE</u>	HANDLING <u>173 SKS @ 1.10 190.30</u>
BULK TRUCK	MILEAGE <u>0.49 PER SK / MILE 10.3 80</u>
# <u>315</u> DRIVER <u>LONNIE</u>	TOTAL <u>1769.35</u>
BULK TRUCK	
#	

REMARKS:
CEMENT RECD CIRC V

SERVICE	
DEPTH OF JOB	<u>262'</u>
PUMP TRUCK CHARGE	<u>520.00</u>
EXTRA FOOTAGE @	
MILEAGE <u>15 MI @ 3.00</u>	<u>45.00</u>
PLUG <u>8 7/8 SURFACE @</u>	<u>4.50</u>
	@
	@
TOTAL	<u>610.00</u>

CHARGE TO: Meloy F&T CORP.
STREET _____
CITY _____ STATE _____ ZIP _____

RECEIVED
JUN 14 2004
KCC WICHITA

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 Bill Owen

FLOAT EQUIPMENT
@
@
@
@
@
TOTAL _____
TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS
PRINTED NAME BILL OWEN

Surface

ALLIED CEMENTING CO., INC.

09273

15-109-20686-0000

Federal Tax I.D.#

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

SERVICE POINT:

ORIGINAL

CONFIDENTIAL

DATE 7-11-02	SEC. 1	TWP. 11S	RANGE 34W	CALLED OUT	ON LOCATION 1:30 PM	JOB START 3:10 PM	JOB FINISH 4:30 PM
LEASE Thrasher Estate		WELL # 1-1	LOCATION Monument 2 1/2 miles E		COUNTY Logan	STATE KS	
OLD OR NEW (Circle one) <input checked="" type="checkbox"/> NEW							

CONTRACTOR
TYPE OF JOB Port Colby
HOLE SIZE _____ T.D. _____
CASING SIZE 4 1/2 DEPTH _____
TUBING SIZE 2" DEPTH 2680
DRILL PIPE _____ DEPTH _____
TOOL Port Colby DEPTH 2680
PRES. MAX 1500 MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

OWNER Syme
CEMENT
AMOUNT ORDERED 800 sks Lite 9' 190 Seal
Used: 585 sks
COMMON _____ @ _____
POZMIX _____ @ _____
GEL _____ @ _____
CHLORIDE _____ @ _____
Lite 585 sks @ 6.95 4065.75
Eln Seal 146.9 @ 1.40 204.40
HANDLING 800 sks @ 1.10 880.00
MILEAGE 49 per sk/mile 480.00
TOTAL 5630.15

EQUIPMENT JUL 10 2002
PUMP TRUCK CEMENTER Dean
191 HELPER Andrew
BULK TRUCK
218 DRIVER Lennie
BULK TRUCK
315 DRIVER Walt
361 F427Y

REMARKS:
Pressure Port Colby to 1500 OK
Open Tool pump on it Had a Blow
Aux 585 sks cement all by 20 sks
to pit. Close Tool & pressure to
1500 & hold for 5' joints & wash
Tub Clean

SERVICE
DEPTH OF JOB 2680'
PUMP TRUCK CHARGE _____ 520.00
EXTRA FOOTAGE _____ @ _____
MILEAGE 15 miles @ 3.00 45.00
PLUG _____ @ _____

TOTAL 565.00

CHARGE TO: McCoy Petroleum Corp
STREET _____
CITY _____ STATE _____ ZIP _____

KCC WICHITA **BOAT 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 _____
TOTAL CHARGE 6195.15
DISCOUNT 619.51 IF PAID IN 30 DAYS
5576.64
PRINTED NAME _____

SIGNATURE _____

A/k Pat

CONFIDENTIAL

CO., INC. 150824200860000

SERVICE POINT:

ORIGINAL

Ockley

DATE 3-28-02	SEC 1	TWP 11 S	RANGE 34 W	CALLED OUT	ON LOCATION Noon	JOB START 4:45 PM	JOB FINISH 5:20 PM
LEASE Three Shores Estate	WELL # 1-1	LOCATION Monument 2U-18N-6E	COUNTY Logan	STATE Kan	KCC		
OLD OR NEW (Circle one)							

CONTRACTOR L-D Dels Co.	OWNER Scime	JUL 10
TYPE OF JOB Production string	CONFIDENTIAL	
HOLE SIZE 7 7/8	T.D. 4795'	
CASING SIZE 4 1/2	DEPTH 4774'	
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL Port Collar	DEPTH 2680'	
PRES. MAX	MINIMUM	
MEAS. LINE	SHOE JOINT 43.90'	
CEMENT LEFT IN CSG. 43.90'		
PERFS.		
DISPLACEMENT 75.6 BBL		
EQUIPMENT		
PUMP TRUCK CEMENTER Walt		
# 102 HELPER Walt		
BULK TRUCK		
# 212 DRIVER Fuzzy		
BULK TRUCK		
# DRIVER		

CEMENT	AMOUNT ORDERED 225 sks ASC	
	10% Salt, 2% Gel, 1/4" Flo-Seal	
	500 gal WFR-2	
ASC	225 sks @ 9.35	2,103.75
POZMIX	@	
GEL	4 sks @ 10.00	40.00
CHLORIDE	@	
Salt	21 sks @ 7.50	157.50
Flo-Seal	56 # @ 1.40	78.40
WFR-2	500 gal @ 1.00	500.00
HANDLING	265 sks @ 1.10	291.50
MILEAGE	4.4 per sk/mile	1.59

TOTAL 3,330.15

REMARKS:

Circ 1 FT off Bottom, 30 min,
 Tag bottom circ 30 min, Pump 500 gal
 WFR-2, Then 225 sks ASC
 Pump 21 BBL water behind Plug, catch
 Pipe full 1 BBL off Bottom at noon
 Landed Plug 1500ft, Float held

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		1,130.00
EXTRA FOOTAGE	@	
MILEAGE 15 miles	@ 3.00	45.00
PLUG 4 1/2 Rubber	@	48.00
	@	
	@	

TOTAL 1,223.00

CHARGE TO: Mc Coy Petroleum Corp
 STREET _____
 CITY _____ STATE _____ ZIP _____

KCC WICHITA

FLOAT EQUIPMENT

1- AEU Float Shoe	@	200.00
1- 4 1/2 Latchdown Plug	@	300.00
7- Connectors	@ 45.00	315.00
1- Basket	@	116.00
1- Port Collar	@	1,600.00

TOTAL 2,531.00

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 _____
 TOTAL CHARGE 4,984.15
 DISCOUNT 4,984.15
 IF PAID IN 30 DAYS
 Daryl Hanson
 PRINTED NAME

SIGNATURE _____

4 1/2 Production