

ORIGINAL

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

Operator: License # 31691
Name: Coral Coast Petroleum, L.P.
Address 100 S. Main, Ste 505
City/State/Zip Wichita, KS 67202
Purchaser: Eagling Trading, Inc.
Operator Contact Person: Daniel M. Reynolds
Phone (316) 269-1233
Contractor: Name: Allen Drilling Company
License: 5418
Wellsite Geologist: Jon T. Williams
Designate Type of Completion:
 New Well Re-Entry Workover

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

If Workover/Re-Entry: old well info as follows:

Operator: Petro-Dynamics Corporation
Well Name: #1 "A" York
Comp. Date: D&A Old Total Depth 5242
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

7-18-96
9/28/02 10/10/82 8/9/96
Date of REENTRY Date Reached TD Completion Date

API NO. 15- 033-20,5780001
County Comanche
C - NE Sec. 6 Twp. 32 Rge. 17 E
1320 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:
 NE, SE, NW or SW (circle one)
Lease Name York Well # 1-A
Field Name Wildcat
Producing Formation Altamont
Elevation: Ground 2116 KB 2128
Total Depth 5242 PSTD
Amount of Surface Pipe Set and Cemented at 346 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 cat.

Drilling Fluid Management Plan REENTRY 2/1-31-97
(Data must be collected from the Reserve Pit)

No Fluid
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 Rng. E/W
County Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Daniel M. Reynolds
Title Managing Member Date 11-11-96

Subscribed and sworn to before me this 11th day of November, 1996.

Notary Public Kimberly D. Kruszynski

Date Commission Expires 2000
KIMBERLY D. KRUSZYNSKI
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. _____

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

SIDE TWO

Operator Name Coral Coast Petroleum, LC Lease Name York Well # 1-A

Sec. 6 Twp. 32 Rge. 17 East West
 County Comanche

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	4288	-2160
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4462	-2334
List All E.Logs Run: Bond Log		Dennis	4780	-2652
		Swope	4830	-2702
		Hertha	4883	-2255
		Marm	4939	-2811
		Altamont	4981	-2853
		Paw	5035	-2907
		Ft. Scott	5067	-2939

CASING RECORD <input type="checkbox"/> New <input checked="" 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		8 5/8"	24#	346'			
Production	5 1/2"	5 1/2"	17#	5241'		25	50/50poz (2%ge
						125	EA-2 (5%cal, 10%salt, 5% Halad 322, .25%D-Air

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
3 spf	4992-97'	500 gal 15% MCA	

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>5045'</u>	Packer At	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	Producing Method <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 <u>20</u> Bbls.	Gas <u>TSTM</u> Mcf	Water <u>20</u> Bbls.	Gas-Oil Ratio

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	Production Interval
		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	<u>4992-97'</u>



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid Mont
Pratt KS

BILLED ON TICKET NO. 968511

WELL DATA

FIELD _____ SEC 6 TWP. 32 RNG. 17 COUNTY Comanche STATE KS

FORMATION NAME	TYPE	FROM	TO	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING				<u>2</u>	<u>17</u>	<u>5 1/2</u>	<u>15B</u>	<u>5233</u>	
LINER									
TUBING									
OPEN HOLE						<u>7 7/8</u>	<u>5233</u>	<u>41</u>	SHOTS/FT.
PERFORATIONS									
PERFORATIONS									
PERFORATIONS									

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7.19</u> TIME <u>1900</u>	DATE <u>7.19</u> TIME <u>2300</u>	DATE <u>7.20</u> TIME <u>0412</u>	DATE <u>7.20</u> TIME <u>0447</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE	<u>1</u>	<u>Howco</u>
CENTRALIZERS	<u>2</u>	<u>11</u>
BOTTOM PLUG <u>T SW/Fill</u>	<u>1</u>	<u>11</u>
TOP PLUG <u>Swiper</u>	<u>1</u>	<u>11</u>
HEAD <u>a manifold</u>		
PACKER <u>Reciprocating</u>	<u>8ES</u>	<u>11</u>
OTHER <u>Pratt Basket</u>	<u>1</u>	<u>11</u>

MATERIALS

TREAT. FLUID	DENSITY	LB/GAL - API
DISPL. FLUID	DENSITY	LB/GAL - API
PROP. TYPE	SIZE	LB
PROP. TYPE	SIZE	LB
ACID TYPE	GAL	%
ACID TYPE	GAL	%
ACID TYPE	GAL	%
SURFACTANT TYPE	GAL	IN
NE AGENT TYPE	GAL	IN
FLUID LOSS ADD. TYPE	GAL - LB	IN
GELLING AGENT TYPE	GAL - LB	IN
FRIC. RED. AGENT TYPE	GAL - LB	IN
BREAKER TYPE	GAL - LB	IN
BLOCKING AGENT TYPE	GAL - LB	
PERFPAC BALLS TYPE	QTY.	
OTHER <u>2 gal Clay Fix II</u>		

DEPARTMENT Pratt
DESCRIPTION OF JOB 5 1/2 Prod String
JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.
CUSTOMER REPRESENTATIVE X Russell J. Smith
HALLIBURTON OPERATOR D Scott COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>Level</u>	<u>2.5</u>	<u>50-50</u>	<u>Porz</u>	<u>B</u>	<u>2% Gel SF G-1</u>	<u>2.75</u>	<u>11</u>
<u>Tail</u>	<u>12.5</u>	<u>Standard</u>		<u>B</u>	<u>5% Gel Seal 10% Salt 5% Haled 322 25% D-Air</u>	<u>1.32</u>	<u>15.2</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
BREAKDOWN _____ MAXIMUM _____
AVERAGE _____ FRACTURE GRADIENT _____
SHUT-IN INSTANT _____ 5-MIN. _____ 15-MIN. _____
HYDRAULIC HORSEPOWER _____
ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET 29.25 REASON Tussock

SUMMARY

VOLUMES

PRESLUSH: BBL - GAL 110% Clay Fix SF TYPE 20 & 8
LOAD & BKDN: BBL - GAL _____ PAD: BBL - GAL _____
TREATMENT: BBL - GAL _____ DISPL: BBL - GAL 120.5
CEMENT SLURRY: BBL - GAL 2 12.2 + 29.3 = 41.5
TOTAL VOLUME: BBL - GAL _____

REMARKS

See Job Log

CUSTOMER Pratt Coast Pet
LEASE York
WELL NO. 1
JOB TYPE 5 1/2 Prod String
DATE 7.20.96



HALLIBURTON

TICKET CONTINUATION

CUSTOMER COPY

TICKET

No. 968511

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

CUSTOMER

Coral Coast Pet.

WELL

York "A"

DATE

7-19-96

PAGE

2

OF

2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT						
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M								
504-130		1			50/50 Bz 4/ 2% Gel	25	SS			7.45	186.25						
508-291	516.00337	1			Gilsonite Blended 5#	125	SS			40	50.00						
Loaded on TRK #5621-Front																	
504-308	516.01261	1			Standard Cement	125	SS			9.57	1196.25						
508-291	516.00337	1			Gilsonite Blended 5#	625	SS			40	250.00						
508-127	890.50131	1			Calseal Blended 5%	600	SS			25.90	1554.00						
507-968	516.00158	1			Soft Blended 10%	550	SS			15	82.50						
507-775	516.00144	1			Halad-322 Blended .5%	59	SS			7.00	413.00						
507-970	70.15764	1			D-Air-1 Blended .25%	29	SS			3.25	94.25						
Loaded on TRK #5621-Back																	
500-207		1			SERVICE CHARGE					CUBIC FEET	183	1.35	247.05				
500-306		1			MILEAGE CHARGE					TOTAL WEIGHT	15,885	LOADED MILES	55	TON MILES	436.865	1.05	458.71

No. B 325695

CONTINUATION TOTAL

3133.41



HALLIBURTON ENERGY SERVICES

HAL-1906-N

28

CHARGE TO: Coral Coast Pct
 ADDRESS:
 CITY, STATE, ZIP CODE:

CUSTOMER COPY

TICKET

No. 968511-5

PAGE 1 OF 3

1. SERVICE LOCATIONS	WELL/PROJECT NO. #1	LEASE York	COUNTY/PARISH Comanche	STATE KS	CITY/OFFSHORE LOCATION	DATE 7/20/06	OWNER Same
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Allen Dely	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO Loc	ORDER NO.	
3. WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION	Land		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS	APT # 15033205780001					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000.117		1			MILEAGE 53387 [±] RD TP	110		mi		2.99	328.90
000.119		1			Crew mileage 40042 [±] RD TP	110		mi		1.60	176.00
001.016		1			Pump Charge 1 Tpk	5233		ft	6/hr	1950.00	1950.00
314.163		1			Clays Fix II	2		gal		28.00	56.00
018.317		1			Super Flush	8		kg		100.00	800.00
630.016		1			Top 5' Plug	1		rod	5 1/2"	60.00	60.00
12.4	825.205	1			Guide Shoe	1		rod	11"	121.65	121.65
14.4	815.19251	1			Insert Float Valve	1		rod	11"	131.00	131.00
27	815.19311	1			Fill up Unit	1		rod		69.00	69.00
40	806.60022	1			Centralizer's	2		rod	5 1/2"	60.00	120.00
56	806.71230	1			Reciprocating Cleaners	8		rod	11"	19.00	152.00
66	806.72730	1			Limit Clamp	1		rod	11"	16.00	16.00

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 *Ronald A. Schneider*
 DATE SIGNED: TIME SIGNED: A.M. P.M.
 do do not require IPC (Instrument Protection) Not offered

SUB-SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	
BEAN SIZE	SPACERS	
TYPE OF EQUALIZING SUB.	CASING PRESSURE	
TUBING SIZE	TUBING PRESSURE	WELL DEPTH
TREE CONNECTION	TYPE VALVE	

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
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?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	4023.50
FROM CONTINUATION PAGE(S)	104
B.K. TR+	3133.41
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	7217.91
	7261.31

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

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
Ronald S. Schneider	x <i>Ronald A. Schneider</i>	David L Scott	B9495	DL Scott