

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

ORIGINAL

Operator: License # 32154
Name: Sagebrush Operating LLC
Address: 1888 Sherman Street, Suite 500
City/State/Zip: Denver, Colorado 80203
Purchaser: N/A
Operator Contact Person: Robert D. Johnson
Phone: (____) _____
Contractor: Name: Duke Drilling
License: 5929
Wellsite Geologist: David A. Barker

API No. 15 - 151-22176 -00-00
County: Pratt
130W S/2 SE SW Sec. 2 Twp. 26 S. R. 13 East West
330 feet from S ~~SW~~ (circle one) Line of Section
1850 feet from SW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Meireis Well #: 2-14
Field Name: Rose Valley South

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

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Producing Formation: _____
Elevation: Ground: 1910 Kelly Bushing: 1918
Total Depth: 4398 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at 210 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.

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. _____
4/26/00 5/6/00 5.7.00
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan P+ A EN B-16-OR
(Data must be collected from the Reserve Pit)
Chloride content 5200 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: Robert D. Johnson
Title: Exec. V.P. Date: 12.5.00
Subscribed and sworn to before me this 5th day of December, 2000.
Notary Public: KATHRYN REYNOLDS
Date Commission Expires: 05/23/2001

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

✓

X

Operator Name: Sagebrush Operating LLC Lease Name: Meireis Well #: 2-14
 Sec. 2 Twp. 26 S. R. 13 East West County: Pratt

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:
 DIL, CNP, BCS

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

See attached sheet

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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	17-1/4"	13-3/8"	52#	210'	Class A	110	2% gel 3% cc
Intermediate	12-1/4"	8-5/8"	24#	856'	Pozmix	275	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input 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

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

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Top	MD	SS
Wabaunsee	2735	-817
Heebner	3531	-1613
Lansing	3716	-1798
Base Kansas City	4023	-2105
Marmaton	4042	-2124
Mississippian	4118	-2200
Kinderhook	4165	-2247
Viola	4181	-2263
Simpson	4267	-2349
Arbuckle	4342	-2424



CEMENTING LOG

ORIGINAL
STAGE NO

Date: 5-6-00 District: MED. COARSE Ticket No: 1149
 Company: SAGEBRUSH OPER. Rig: _____
 Lease: METRETS Well No: 2-14
 County: FRAT State: KANSAS
 Location: 2-265-13W Field: _____
FR/SF Co. LINE ON 281, 1s, 14E, 26
 CASING DATA: PTA Squeeze
 Surface: Intermediate Production Liner
 Size: 5 7/8" Type _____ Weight _____ Collar _____

CEMENT DATA: _____
 Spacer Type: FRESH WATER
 Amt _____ Sks Yield _____ ft³/sk Density 8.34 PPG
 LEAD: Pump Time: _____ hrs. Type _____
 Excess _____
 Amt _____ Sks Yield _____ ft³/sk Density _____ PPG
 TAIL: Pump Time: _____ hrs. Type 60:40:6
 Excess _____
 Amt 155 Sks Yield 1.58 ft³/sk Density 13.8 PPG
 WATER: Lead _____ gals/sk Tail 7.8 gals/sk Total 29.8 lbs/sk
 Pump Trucks Used 343 JUSTIN HART
 Bulk Equip. 301 MIKE RUCKER

Casing Depth: Top 6.1 Bottom 866'

Drill Pipe Size: 4 1/2" Weight 16.6 Collars XH
 Open Hole Size: 7 7/8" T.D. 4398 ft. P.U. to _____ ft.

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 0.0637 Lin. ft./Bbl. 15.7'
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. 0.0422 Lin. ft./Bbl. 20.3'
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt _____

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 Date: DEC 05 2000
 Depth: _____
 Centralizers Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. _____
 Disp. Fluid Type: DEG. MUD Amt _____ Bbls. Weight _____ PPG
 Mud Type: _____ Weight _____ PPG

COMPANY REPRESENTATIVE: JOHN ARMSTRONG

CEMENTER: KEVIN BAUMGARDT

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS		
	AM	PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID		Pumped Per Time Period	RATE (bbls. Min)
10:45								ON LOCATION, RIG UP
11:20			150		8 1/2	8 1/2	5	40% @ 4340' - START FRESH H2O
			200		19 1/2	11	6	FRESH H2O IN - START CEMENT
			150		22 1/2	3	5	CEMENT IN - START FRESH H2O
			150		78 1/2	56	5	FRESH H2O IN - START MUD
								MUD IN - STOP PUMPS
			100		87	8 1/2	5	50% @ 810' - START FRESH H2O
			150		101	14	6	FRESH H2O IN - START CEMENT
			150		104	3	5	CEMENT IN - START FRESH H2O
			100		113 1/2	9 1/2	5	FRESH H2O IN - START MUD
								MUD IN - STOP PUMPS
			100		122	8 1/2	5	30% @ 240' - START FRESH H2O
			100		130 1/2	8 1/2	5	FRESH H2O IN - START CEMENT
			100		137	14	5	CEMENT IN - START FRESH H2O
								FRESH H2O - STOP PUMPS
			50		135	3	3	SOLID BRIDGE + 10% @ 40'
			50		138	3	3	10% IN MUDSHOLE
7:00			50		142	4	3	15% IN MUDSHOLE

ALLIED CEMENTING CO., INC.

1149

ORIGINAL

Federal Tax I.D.# 48-0727860

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

SERVICE POINT:
MEDICINE LODGE
7-7-00

DATE <u>5-6-00</u>	SEC. <u>2</u>	TWP. <u>26S</u>	RANGE <u>13W</u>	CALLED OUT <u>9:00 AM</u>	ON LOCATION <u>10:45 AM</u>	JOB START <u>11:20 PM</u>	JOB FINISH <u>7:00 AM</u>
LEASE METERS	WELL # <u>2-14</u>	LOCATION <u>Pr/SF Co. Line on 281</u>			COUNTY <u>PRAT</u>	STATE <u>KANSAS</u>	
OLD OR NEW (Circle one)		<u>Is, 1 1/4", Ns</u>					

CONTRACTOR DUKE DRUG #2
 TYPE OF JOB Rotary Aug
 HOLE SIZE 7 7/8" TD 4398'
 CASING SIZE 8 7/8" DEPTH 566'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2" x 16.6" DEPTH 4340'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER SAGEBRUSH OPERATING
 CEMENT AMOUNT ORDERED ISSx 60:40:6
 COMMON A 93 @ 6.35 590.55
 POZMIX 62 @ 3.25 201.50
 GEL 8 @ 9.50 76.00
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING ISS @ 1.05 162.75
 MILEAGE ISS x 12 @ .05 100.00
 TOTAL \$ 1130.80

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EQUIPMENT

PUMP TRUCK # 343 CEMENTER Kevin Ambrose
 HELPER JUSTIN HART
 BULK TRUCK # 301 DRIVER MIKE ROOKER
 BULK TRUCK # _____ DRIVER _____

REMARKS:

405x - 4340'
505x - 870'
305x - 240'
105x - 40'
105x - MOUSEHOLE
155x - RATCHOLE

SERVICE

DEPTH OF JOB 4340'
 PUMP TRUCK CHARGE 1145.00
 EXTRA FOOTAGE @ _____
 MILEAGE 12 @ 3.00 36.00
 PLUG 8 7/8" Dry Hole @ 23.00 23.00
 _____ @ _____
 _____ @ _____
 TOTAL \$ 1204.00

CHARGE TO: SAGEBRUSH OPERATING LLC
 STREET 1888 Sherman #500
 CITY Denver STATE COLO ZIP 80203

FLOAT EQUIPMENT

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

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.

TOTAL _____
 TAX _____
 TOTAL CHARGE \$ 2334.80
 DISCOUNT 233.48 IF PAID IN 30 DAYS
\$ 2101.32
 SIGNATURE John J. Armbruster
 PRINTED NAME: JOHN J. ARMBRUSTER

SIGNATURE: John J. Armbruster