

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 # 9232
Name: Timberline Oil & Gas Corporation
Address: 4000 Penrose Place
City/State/Zip: Rapid City, SD 57702
Purchaser: _____
Operator Contact Person: Brant C. Grote
Phone: (605) 341-3400
Contractor: Name: _____
License: _____
Wellsite Geologist: _____

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: Timberline Oil & Gas Corporation

Well Name: Cooper 5
Original Comp. Date: 12/7/85 Original Total Depth: 4260
____ 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. E-27, 81

11/7/00 11/7/00 11/7/00
Spud Date or Date Reached TD Completion or Recompletion Date
Recompletion Date

API No. 15 - 151-21744-0004
County: Pratt
SE NW NE SW Sec. 28 Twp. 26 S. R. 12 East West
4290 feet from (S) N (circle one) Line of Section
1650 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Cooper Well #: 5
Field Name: Iuka Carmi
Producing Formation: Viola
Elevation: Ground: 1911 Kelly Bushing: 1921
Total Depth: 4260' Plug Back Total Depth: 4226
Amount of Surface Pipe Set and Cemented at _____ 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 Workover on 10-21-03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Deswating method used _____
Location of fluid disposal if hauled offsite: _____

Operator Name: _____
License Name: _____ License No.: _____
County: Pratt East West
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: [Signature]
Title: President Date: 11/28/00
Subscribed and sworn to before me this 28th day of November 2000
Notary Public: [Signature]
Date Commission Expires: 3/30/04

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

RECEIVED
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WICHITA, KANSAS
DEC 4 2000

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 27 2001
8-27-01

Operator Name: Timberline Oil & Gas Corp. Lease Name: Cooper Well #: 5
 Sec. 28 Twp. 26 S. R. 12 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:

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

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	# Sacjs Used	Type and Percent Additives

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 checked="" type="checkbox"/> Plug Off Zone	3922-38	Class A	100 sx	
	3731-38	Class A	100 sx	

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used)

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 134 jts 2 3/8" Set At 4120' Packer At KB Liner Run Yes No

Date of First Resumerd 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.) Open Hole Perf. Dually Comp. Commingled _____
 METHOD OF COMPLETION _____ Production Interval _____
 Other (Specify) _____

15-151-21744-00-04



CEMENTING LOG

STAGE NO. ORIGINAL

Date 11-7-00 District Med Lodge Ticket No. 4060
 Company Timberline Oil + Gas Rig Basye Well
 Lease Cooper Well No. #5
 County Pratt State KS
 Location Dietz's House 1/E Field 28-265-12W
3/4 12 power poles w/s
 CASING DATA: PTA Squeeze
 Surface Intermediate Production Liner
 Size 5 1/2 Type _____ Weight 14 Collar _____

CEMENT DATA:
 Spacer Type: _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____
 LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG _____
 TAIL: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. 200 Skys Yield 1.17 ft³/sk Density 15.6 PPG _____
 WATER: Lead _____ gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top _____ Bottom 3997

Pump Trucks Used 261-265 Mark Bruncardt
 Bulk Equip. 242 David F-110

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size _____ T.D. _____ ft. P.B. to _____ ft.
 CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. 11579 Lin. ft./Bbl. 172.8
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. 10164 Lin. ft./Bbl. 61.08
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer Squeeze Manifold
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Btm. _____
 Stage Collars _____
 Special Equip. 2 5X sand
 Disp. Fluid Type _____ Amt. _____ Bbls. Weight _____ PPG _____
 Mud Type _____ Weight _____ PPG _____

COMPANY REPRESENTATIVE Ed Karger

CEMENTER Justin Hart

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
10:15 AM			25	25		1st set of perfs 3922-38'
						load tubing
						pressure back to test plug 1000#
						set 2 5x sand on plug unit 50 min
12:15 AM			116	21	3	take inject rate 3 BPM @ 500#
					3	Mix 100 5X A neat @ 15.6#
					1	Disp @ 1 BPM
			27.5	21.5		10 BBLs out slow to 1/2 BPM
						Disp 213 BBLs 1000#
						left 1 DBL in tubing 1 in casing
						pull 6 lbs. tubing
1:35 PM			94	26.5		2nd set of perfs 3731-38'
						load back side
						inject rate 4 1/2 BPM @ 500#
			115	21		Mix 100 5X A neat @ 15.6#
						Wash pump + lines
2:30 PM						Disp @ 1 BPM
						10 BBLs out slow to Idle 1/4 BPM
						15 BBLs out 800#
			134	19		Disp 19 BBLs 1000#
3:00 PM			159	25		Release jigger + Reverse out
						10 BBLs to Reverse out

RECEIVED
 KANSAS CORPORATION COMMISSION

AUG 27 2001
 8-27-01

15-151-21744-00-04 ALLIED CEMENTING CO., INC. 4060

Federal Tax ID # 48-0727860

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

SERVICE POINT

ORIGINAL Feed Lodge

DATE <u>11-7-00</u>	SEC <u>28</u>	TWP <u>26S</u>	RANGE <u>12 W</u>	CALLED OUT <u>7:00 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START <u>10:15 AM</u>	JOB FINISH
LEASE <u>Cooper</u>			WELL # <u>5</u>	LOCATION <u>DIETZ'S House 1 E</u>		COUNTY <u>Hart</u>	STATE <u>KS</u>
OLD OR NEW (Circle one)			<u>3/4 to Power Poles w/s</u>				

CONTRACTOR Busye Well Service OWNER Timberline Oil & Gas

TYPE OF JOB Squeeze

HOLE SIZE _____ T.D. _____ CEMENT _____

CASING SIZE 5 1/2 DEPTH 3997 AMOUNT ORDERED 200.5 x Class A

TUBING SIZE 2 3/8 DEPTH 3881 2 5/8 sand

DRILL PIPE _____ DEPTH _____

TOOL wacker DEPTH 3881

PRES. MAX _____ MINIMUM _____ COMMON _____ @ _____

MEAS. LINE _____ SHOE JOINT _____ POZMIX _____ @ _____

CEMENT LEFT IN CSG. 1st set 2 BBLs GEL _____ @ _____

PERFS. 3922-38 - 3731-39 CHLORIDE _____ @ _____

DISPLACEMENT 1st set 21 1/2 2nd 19 salt water _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Justin Hart _____ @ _____
261-265 HELPER Mark Brunardt _____ @ _____

BULK TRUCK # 242 DRIVER David Felio _____ @ _____

BULK TRUCK # _____ DRIVER Larry Drieling _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

REMARKS: **SERVICE**
Inject Rate 3 BPM @ 500#
10.15 load tubing pressure test plug 1000#
2 5/8 sand on plug Mix 100 5/8 A neat @
12.15 Disp 21 1/2 BBLs left / BBLs in tubing
1 in casing pull 6 sts tubing wash wacker
20 BBLs salt water load back side 26 1/2 BBLs
Inject Rate 4 1/2 BPM @ 500# Mix 100 5/8 A neat
@ 156# Disp 19 BBLs @ 1200# Reverse
out 25 BBLs

DEPTH OF JOB 3997

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE RECEIVED

MILEAGE _____

PLUG _____

KANSAS CORPORATION COMMISSION

AUG 27 2001

CONSERVATION DIVISION
TOTAL _____

CHARGE TO: Timberline Oil & Gas

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

Squeeze Manifold _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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 _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X _____

SIGNATURE X _____

PRINTED NAME _____