

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 # 30481  
Name: Apollo Energies, Inc.  
Address: 10378 N. 281 HWY  
City/State/Zip: Pratt, Kansas 67124  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jim Byers  
Phone: (620) 672-9001  
Contractor: Name: Company Rig  
License: 30481

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: Apollo Energies, Inc.

Well Name: Sellen-4  
Original Comp. Date: 4-13-66 Original Total Depth: 4400  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back 3930 Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
Return to prod.  
4-1966 Spud Date or 4-20-03 Completion Date or  
Recompletion Date Date Reached TD 6-1999 Completion Date or  
Recompletion Date

API No. 15 - E-16,091 / 5-151-30091-0002  
County: Pratt  
C N/W S/W Sec. 3 Twp. 28 S. R. 11  East  West  
1980 feet from (S) N (circle one) Line of Section  
4620 feet from (E) W (circle one) Line of Section

Measurements Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW (SW)  
Lease Name: Sellen Well #: 4  
Tract Name: Cunningham

Producing Formation: LKC  
Elevation: Ground: 1730 Kelly Bushing: 1738  
4398 Total Depth: 3930 Plug Back Total Depth: 3930 CIBP  
Amount of Surface Pipe Set and Cemented at: 111 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 Witnessed 4-5-03  
(Data must be collected from the Reserve Pit)  
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. 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: [Signature]  
Title: President Date: 4-21-2003  
Subscribed and sworn to before me this 21 day of April  
2003  
Notary Public: [Signature]  
Date Commission Expires: \_\_\_\_\_  
NANCY E. HARREL  
Notary Public - State of Kansas  
My Appt. Expires 12-17-2006

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

Operator Name: Apollo Energies, Inc. Lease Name: Sellen Well #: 4  
 Sec. 3 Twp. 28 S. 11 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 LKC Top Datum  
 3544

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	# Sacks Used	Type and Percent Additives
Surface		13 3/8		111	common	400sx	unknown
Prod.	7 7/8	4 1/2	9.5	4398	common	250sx	unknown

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	N/A			

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
	Open hole		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	3520		Yes No

Date of First, Resumed Production, SWD or Enhr.	Producing Method						
4-21-2003	Flowing	<u>Pumping</u>	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	2	1	145		35		

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, Sumit ACD-18.)  
 METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled  
 Production Interval:  Other (Specify)

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
NOTICE OF INJECTION

Form U-5  
November 2001  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

Notice of Injection: (check one)

Commencement

Termination

RECEIVED

Permit Number: E 16,091

Entire Permit:  Yes  No

MAY 14 2003

C Sec. 3 Twp. 28 S. R. 11

Disposal: Enhanced Recovery

KCC WICHITA

1980 Feet from North / Section Line

Effective Date: 4 / 21 / 2003

4620 Feet from  East /  West Section Line

Operator License #: 30481

Lease Description: C / NW / SW

Operator: Apollo Energies, Inc.

Name: Jim Byers

Address: 10378 N. 281 HWY

Please list all leases and wells affected by this document:

Pratt, Kansas 67124

Lease Name: Sellen

Contact Persons Name: Jim Byers

Well Number(s): 4

Phone Number: (620-672-9001)

Cunningham Unit

County: Pratt

Zone Used for Injection: LKC

For Notice of Termination:

Well will be plugged

Well is plugged

Returned to production

Temporary abandoned

If returned to production, file an ACO-1 affidavit of completion form.

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about \_\_\_\_\_ (date)  
or when the following work is completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above is a true and accurate statement of the facts as known this 21 day of April 2003

Signature: Jim Byers

Name: Jim Byers

Title: President