

ORIGINAL

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

Operator: License # 4706
Name: MESSENGER PETROLEUM, INC.
Address 525 S. Main
City/State/Zip Kingman, KS. 67068

Purchaser: _____
Operator Contact Person: Jon F. Messenger
Phone (620) 532-5400

Contractor: Name: Sterling Drilling
License: 5142
Wellsite Geologist: Jon F. Messenger

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

If Workover:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
07-31-2001 08-02-2001 08-03-2001
Spud Date Date Reached TD Completion Date

API NO. 15- 095-21792-0000
County Kingman
200 E. NW - NW - SE Sec. 32 Twp. 30S Rge. 8 ^E _W
2310 Feet from N (circle one) Line of Section
2110 Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name A.R. Carrick Well # 6
Field Name Spivey-Grabbs
Producing Formation D & A (junk in hole)
Elevation: Ground 1677' KB 1686'
Total Depth 1619' PBTB _____
Amount of Surface Pipe Set and Cemented at 253' Feet KB
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 253'
feet depth to surface w/ 175 sx cmt.

Drilling Fluid Management Plan See All 1 Co 2.10.02
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 160 bbls
Dewatering method used settlement
Location of fluid disposal if hauled offsite: _____

Operator Name Messenger Petroleum, Inc.
Lease Name Nicholas SWD License No. 4706
NE Quarter Sec. 20 Twp. 30S S Rng. 8 ^E _W
County Kingman Docket No. D-25,073

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 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 Jon F. Messenger
Title President Date 10-16-2001

Subscribed and sworn to before me this 16 day of October
19 2001
Notary Public John M. Wood
Date Commission Expires 9/9/2002

K.C.C. OFFICE USE ONLY
F NO Letter of Confidentiality Attached
C LIO Wireline Log Received
C LR Geologist Report Received

JOHN M. WOOD
NOTARY PUBLIC
STATE OF KANSAS
My Comm. Exp. _____

Distribution
 SWD/Rep NGPA
 Plug Other
(Specify)

RECEIVED

OCT 19 2001
KCC WICHITA

X

Operator Messenger Petroleum, Inc. Lease Name A.R. Carrick Well # 6

Sec. 32 Twp. 30S Rge. 8 East West County Kingman

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herrington	1614	+72
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	RTD	1619	+67
List All E.Logs Run:				

CASING RECORD <input 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	12 1/4	8 5/8	20	253	60/40 poz	175	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
D & A	Heavy Mud 1619' to 1575'	Total of 155 sx 60/40 poz	
	7 7/8" bit & 6 3/8" drill collars from	w/4% gel	
	1575' to 1570'. Heavy Mud in hole		
	35sx @ 1510', 35sx @ 900', 35sx @ 300'	25sx from 60' to surface	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj: _____ 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, submit ACO-18.) **METHOD OF COMPLETION** D & A (junk in hole) **Production Interval** Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

REVISION

Lease Name _____ County _____

ALLIED CEMENTING CO., INC. 5880

Federal Tax I.D. # 48-0727880

ORIGINAL

REMIT TO: PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Dr Head

DATE <i>8-3-01</i>	SEC <i>32</i>	TWP <i>36</i>	RANGE <i>8</i>	CALLED OUT <i>4:05 PM</i>	ON LOCATION <i>7:15 AM</i>	JOB START <i>8:45 AM</i>	JOB FINISH <i>11:00 AM</i>
LEASE <i>Dr Head</i>				WELL # <i>6</i>		LOCATION <i>May Plant - 10, 4E, 4W</i>	
COUNTY <i>Kingman</i>				STATE <i>Ks</i>			

CONTRACTOR *St. John*

TYPE OF JOB *Drilling*

HOLE SIZE *7 7/8"* TD *1119'*

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE *4 1/2"* DEPTH *1510'*

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG _____

PERFS _____

DISPLACEMENT _____

OWNER *Messinger Petroleum, Inc.*

CEMENT AMOUNT ORDERED *155.2 69/40, 42.2 101*

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER *Tenn D*

151 HELPER *Bob B*

BULK TRUCK DRIVER *Lorrie M*

342 DRIVER _____

REMARKS:

25.2 @ 1510'

35.8 @ 900'

25.2 @ 300'

25.2 @ 60'

15.2 in 10' hole

10.2 in 10' hole

CHARGE TO: *St. John*

STREET _____

CITY _____ STATE _____ ZIP _____

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 *Darryl Hines*

RECEIVED

NOV 02 2001

KCC WICHITA SERVICE

DEPTH OF JOB *1510'*

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 1- *25.2 @ 1510'* _____ @ _____

TOTAL _____

FLOAT EQUIPMENT

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME *DR. RYAN B. HILL*

ALLIED CEMENTING CO., INC.

8123

Federal Tax I.D.# 48-0727860

ORIGINAL

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

SERVICE POINT:
Medicine Lodge

DATE <i>7-31-01</i>	SEC. <i>22</i>	TWP. <i>30</i>	RANGE <i>8</i>	CALLED OUT <i>8:30 AM</i>	ON LOCATION <i>9:45 AM</i>	JOB START <i>12:00 PM</i>	JOB FINISH <i>12:15 PM</i>
LEASE <i>Carrick</i>	WELL# <i>6</i>	LOCATION <i>Mag Plant 1/4 Sec Curve</i>		COUNTY <i>Harper</i>	STATE <i>Ks</i>		
OLD OR NEW (Circle one) <i>NEW</i>							

CONTRACTOR *Sterling Drilling*
 TYPE OF JOB *Surface*
 HOLE SIZE *12 1/4* TD *255*
 CASING SIZE *5 7/8 - 10* DEPTH *257*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX *2000* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. *15*
 PERFS. _____
 DISPLACEMENT *15.75 DBLs*

OWNER *Messenger Petroleum*
 CEMENT AMOUNT ORDERED *175 5x 60 40.2 + 3/cc*
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____

EQUIPMENT

PUMP TRUCK CEMENTER *Carl*
 # *265* HELPER *Mike*
 BULK TRUCK DRIVER *Eric N.*
 # *241* DRIVER _____
 BULK TRUCK DRIVER _____

MESSENGER RECEIVED TOTAL _____

NOV 02 2001
 KCC WICHITA SERVICE

REMARKS:

*Run 257 casing
 Great circulation
 Pump 5 DBLs Freshwater
 + 175 5x Cement
 Release plug
 Displace with 15.75 DBLs Freshwater
 shut in cement Dis circulate*

DEPTH OF JOB *255'*
 PUMP TRUCK CHARGE *COPY*
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG *Wooden* _____ @ _____
 _____ @ _____

CHARGE TO: *Messenger Petroleum*
 STREET _____
 CITY _____ STATE _____ ZIP _____

T. Harnik TOTAL _____

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.

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

SIGNATURE *Darryl Miller*

TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS
 DARRYL MILLER
 PRINTED NAME