

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 9855
Name: GRAND MESA OPERATING CO
Address 200 E. FIRST ST., STE 307
WICHITA KS 67202
City/State/Zip _____

Purchaser: _____
Operator Contact Person: Ron Sinclair
Phone (316) 265-3000

Contractor: Name: Pickrell Drilling Co.
License: 5123
Wellsite Geologist: Larry Friend

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

If Workover/Re-Entry: old well info as follows:
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. _____
4/26/01 5/4/01 5/4/01
Spud Date Date Reached TD Completion Date

API NO. 15- 057-20558-0000
County FORD
C - SW - NE Sec. 4 Twp. 25S Rgs. 22 X ^E/_W

1990 Feet from S/W (circle one) Line of Section
2020 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 BERGER Well # 1-4
Field Name Wildcat

Producing Formation _____
Elevation: Ground 2386 KB 2391
Total Depth 4870 PBTB _____
Amount of Surface Pipe Set and Cemented at 219 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 DVA 8/24/01 AB
(Date must be collected from the Reserve Pit)
Chloride content 3000 ppm Fluid volume 400 bbls
Dewatering method used Evaporation
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 Ronald N. Sinclair
Title President RONALD N. SINCLAIR Date _____
Subscribed and sworn to before me this 22nd day of May
20 01.
Notary Public Phyllis E. Brewer
PHYLLIS E. BREWER
Date Commission Expires 7/21/2003

PHYLLIS E. BREWER
Notary Public - State of Kansas
My Appt. Expires 7-21-03

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

SIDE TWO

Operator Name Grand Mesa Operating Co. Lease Name Berger Well # 1-4

Sec. 4 Top. 25S Rge. 22 East West County FORD

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	1504	+ 887
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	4028	-1637
List All E.Logs Run:		Lansing	4127	-1736
Sonic Log		BKC.	4519	-2128
Comp Neutron/Density PE Log		Marmaton	4535	-2144
Dual Induction		Cherokee	4695	-2304
		Mississippian	4760	-2369
		Warsaw	4832	-2441

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#	219	60/40 Pozmix	150	2% Gel 3%CC

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate	Top	Bottom			
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Line Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SVD or Inj.			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:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACD-18.)	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

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

ORIGINAL SERVICE POINT

DATE <u>5 4 01</u>	SEC. <u>4</u>	TWP. <u>25</u>	RANGE <u>22</u>	CALLED OUT <u>12:00 AM</u>	ON LOCATION <u>4:00 AM</u>	JOB START	JOB FINISH
LEASE <u>Berges</u>	WELL # <u>1 4</u>	LOCATION <u>Spessville 4 North 1/2</u>		COUNTY	STATE		
OLD OR (NEW) (Circle one) <u>new</u>				<u>put into</u>			

CONTRACTOR Picknell
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 1/8 ID.
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 7 1/8 DEPTH 1000
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSC. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER Grand Mesa
 CEMENT
 AMOUNT ORDERED 205
6% GEL 1/2" FLO

EQUIPMENT
H.P.
 PUMP TRUCK CEMENTER P. Drilling
 # 120 HELPER Steve Tuley
 BULK TRUCK
 # 341 DRIVER Larry Holdaway
 BULK TRUCK
 # _____ DRIVER _____

COMMON 0 @ _____
 POZMIX 0 @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

REMARKS:
1st 1600' - 50 ex - dip w mud.
2nd 800' - 80 ex
3rd 225' - 40 ex
4th 10 ex 40' 15 ex R.H. 10 ex M.H.

SERVICE
 DEPTH OF JOB 1400'
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG 1-8 3/4 D.H. @ _____
 _____ @ _____
 _____ @ _____

CHARGE TO: Grand Mesa Operating
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

Thank You!
 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 _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Mike Kern

Mike Kern
 PRINTED NAME

ALLIED CEMENTING CO., INC.

2787

ORIGINAL

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

SERVICE POINT:

Amesbury

DATE <u>4-26-01</u>	SEC. <u>4</u>	TWP. <u>25</u>	RANGE <u>22</u>	CALLED OUT <u>6:00pm</u>	ON LOCATION <u>8:30pm</u>	JOB START <u>12:45pm</u>	JOB FINISH <u>12:45pm</u>
LEASE <u>Barnes</u>		WELL # <u>1-4</u>	LOCATION <u>Spearsville 4 1/2 E 1/4 S 25</u>		COUNTY	STATE <u>KS</u>	

OLD OR NEW (Circle one)

CONTRACTOR Pickrell Drilling #1

TYPE OF JOB Surface

HOLE SIZE 12 1/8 T.D. 226

CASING SIZE 8 7/8 DEPTH 219

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

OWNER _____

CEMENT

AMOUNT ORDERED 150 bags 3 1/2 cc 2 1/2 cc

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE 54

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER J. W. Williams

224 HELPER

BULK TRUCK

260 DRIVER TROY

BULK TRUCK

DRIVER

REMARKS:

Case 8 7/8 casing when pump
max 150 bags 3 1/2 cc 2 1/2 cc
Drop Plug w/ 13 BBL Plug
Down 200, cement and
Case

THANKS

SERVICE

DEPTH OF JOB 219

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE 54 @ _____

PLUG Tap used @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO: Grand Mesa Oper Co

STREET 200 E First St Suite 307

CITY Wichita STATE KS ZIP 67202

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

SIGNATURE Mike Kern

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAY:

Mike Kern