

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE
6039

Operator: License # _____

Name: L. D. Drilling, Inc.

Address R. R. 1, Box 183 B

City/State/Zip Great Bend, KS 67530

Purchaser: _____

Operator Contact Person: L. D. Davis

Phone (316) 793-3051

L. D. Drilling, Inc.

Contractor: Name: _____

License: 6039'

Wellsite Geologist: Kim Shoemaker

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/Reentry: 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. D-27505

8-29-97 9-04-97 9-19-97
 Spud Date Date Reached TD Completion Date

API NO. 15- 185-230540000

County Stafford

S/2 - S/2 - NW - Sec. 3 Twp. 22 Rge. 12 E W

2310 Feet from S/N (circle one) Line of Section

1320 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 Siefkes Well # B-14

Field Name Max

Producing Formation Arbuckle

Elevation: Ground 1855' KB 1860

Total Depth 4100' PBTB _____

Amount of Surface Pipe Set and Cemented at 651 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 Att. 4-17-98 v.c.
(Data must be collected from the Reserve Pit)

11-11-97
Chloride content _____ ppm Fluid volume 480 bbls

Dewatering method used Hauled

Location of fluid disposal if hauled offsite: _____

Operator Name Paul's Oilfield Service

Lease Name Stargel #2 SWD License No. 31085

Quarter 4 Sec. 4 Twp. 22 S Rng. 12 E/W

County Stafford Docket No. D-21,908

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 L. D. Davis L. D. Davis

Title President Date 11-12-97

Subscribed and sworn to before me this 12th day of November 19 97.

Notary Public Bessie DeWerff
Bessie DeWerff
Date Commission Expires 5-20-01

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
 C Wireline Log Received
 C Geologist Report Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
 (Specify)

NOTARY PUBLIC - State of Kansas
 BESSIE M. DEWERFF
 My Appt. Exp. 5-20-01

Operator Name L. D. Drilling, Inc. Lease Name Siefkes Well # "B" 14
 Sec. 3 Twp. 22 Rge. 12 East County Stafford
 West

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 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 Datums Sample

Name	Top	Datum
Heebner	3149 (-1289)	
Brown Lime	3288 (-1428)	
LKC	3303 (-1443)	
BKC	3523 (-1663)	
Viola	3586 (-1726)	
Simp.	3631 (-1771)	
Arbuckle	3692 (-1832)	
RTD	4100 (-2240)	

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	12 1/2"	8 5/8"	28#	651'	Poz 50/50	385	2% Gel, 37% CC
Production		5 1/2"	14#	3754'	60/40 Poz	175	CFR3-5# Gilsomite per sack

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purposes:	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
		1500 Gal 28% acid	

TUBING RECORD	Size <u>2 7/8</u>	Set At <u>3725</u>	Packer At <u>3725</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. <u>9-29-97</u>	SWDW	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> SWDW	Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: METHOD OF COMPLETION Disposal/Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify)

COPIES TO BE MADE OF THIS REPORT



HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1906-P

15-185-23054-0000

CHARGE TO

LD Drilling Inc
ADDRESS
RR-1 Box 183 B
CITY STATE ZIP CODE
Great Bend, Kansas 67536

CUSTOMER COPY

TICKET

No. 196997-9

PAGE 1 OF 2

SERVICE LOCATIONS 1. Hays, KS 025625	WELL PROJECT NO B-14 (SHEP) Siefkes	LEASE M1513 P 3:00	COUNTY PARISH M1513 P 3:00	STATE K.	CITY OFFSHORE LOCATION	DATE 9-4-97	OWNER Same
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR LD Drilling	RIG NAME NO. #1	SHIPPED VIA CT	DELIVERED TO Well Site	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS			15-185-230540000	? 22-12	

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
000-117				31	MILEAGE on PT 53293 RT	42	m	3	20	134.40
001-016					Pump Chg (9-4-97)	3757	fr	1811	100	1811.00
311-163					Chg fix II	2	gal	30	150	61.00
80	855-137			31	Form. Pkr. Shoe	1	ea	2	125.00	250.00
82	855-02543				Fill up Assy	1	ea	60	100	60.00
40	906-66023				S-1 Centralizers	1	ea	67	100	268.00

ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to. PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					FROM CONTINUATION PAGE(S)
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					2732.00
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS	TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TREE CONNECTION	TYPE VALVE		ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	DATE SIGNED 9-4-97		TIME SIGNED 08:00	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) DARWIN SIEFKES	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X Darwin Siefkes	HALLIBURTON OPERATOR/ENGINEER J.L. E. Baker	EMP # 45222	HALLIBURTON APPROVAL
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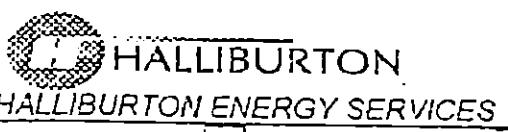
the statute to the extent

15.185-23054-0000

TICKET CONTINUATION

TICKET No. 196997

is made in w
exas 77



Truck# (s)	3360	CUSTOMER	L. D. Davis	WELL	Sifkes SWD	DATE	9/4/97	PAGE	2	OF	1
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UOM	QTY.	UOM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-136					40/60 Poznix Standard	175	sk			\$8.14	\$1,424.50
506-121					Halliburton Gel @2%	3	sk				N/C
509-968					Salt	1550	lb.			\$0.17	\$263.50
507-153					CFR-3	70	lb.			\$5.75	\$402.50
508-291					Gilsonite	250	lb.			\$0.50	\$125.00
500-207					SERVICE CHARGE			CUBIC FEET	203	1.55	\$314.65
500-306					MILEAGE CHARGE			TOTAL WEIGHT	16,293		
								LOADED MILES	21		
								TCM MILES	171.071	1.18	\$201.86

ORIGINAL

No. B 660098

CONTINUATION TOTAL	\$ 2,732.01
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JOB SUMMARY 4732-1

TICKET #	196997	TITLE	4
REGION	North America	COUNTRY	USA
MOU ID / EMP #	HAD503 43220	STATE	KS
LOCATION	Hoysks	COUNTY	Stafford
TICKET AMOUNT	8.1.11	PSL DEPARTMENT	Comm. S
WELL LOCATION	SE Grant Bend, Ks.	CUSTOMER REP / PHONE	
LEASE / WELL #	S. 23 8-14(5WD)	API / UVA #	15-185-230540000
		DEPARTMENT	5001
		JOB PURPOSE CODE	035
		COMPANY	L. D. Drilling Inc
		WELL TYPE	11
		SEC / IWP / RING	3-22-12

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS
J Becker 43220							
A Curtis 60732							
D Ash 16094							
L Leiker H0372							

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
41285	160						
41302	160						
53293	160						
5660	160						

Form Name: _____ Type: _____
 Form Thickness From _____ To _____
 Packer Type Set At _____
 Bottom Hole Temp. Pressure _____
 Misc. Data Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
9-4-97	9-4-97	9-4-97	9-4-97	9-4-97
TIME	0500	0735	0815	

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug		
Head		
Packer Centralizer 5/8" x 7" Hsuco		
Other Packer Shoe 1" Hsuco		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	11	5 7/8	KB	3251	
Liner						
Liner						
Tbg/D P						
Tbg/D P						
Open Hole						SHOTS/FT
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	in
NE Agent	Gal.	in
Fluid Loss	Gal/Lb	in
Gelling Agent	Gal/Lb	in
Fric. Red.	Gal/Lb	in
Breaker	Gal/Lb	in
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty	
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
9-4		9-4		5% long string
TOTAL		TOTAL		

ORIGINAL

ORDERED	HYDRAULIC HORSEPOWER	Used
TREATED	AVERAGE RATES IN BPM	Overall
FEET	CEMENT LEFT IN PIPE	Reason

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	125	40-80	B	2% CRLG, 1% SH-IT	1.35	143
2	50	40-80	B	2% CRLG, 1% SH-IT, 5% antiscum	1.70	135

Circulating _____	Displacement _____	Pretlush _____	Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: _____	Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment _____	Gal - BBI _____	Disp: BBI - Gal 9.1
Shut in: Instant _____	5 Min _____	Cement Slurr _____	Gal - BBI 23.1	
	15 Min _____	Total Volume _____	Gal - BBI _____	

Frac Ring #1	Frac Ring #2	Frac Ring #3	Frac Ring #4
THE INFORMATION STATED HEREIN IS CORRECT		CUSTOMER'S REPRESENTATIVE SIGNATURE Dorival S. Siflas	

TICKET #	191
REGION	North America
NW/COUNTRY	AL
BDA / STATE	AL
COUNTY	T
EMPLOYEE NAME	
PSL DEPARTMENT	
COMPANY	
CUSTOMER REP / PHONE	
WELL TYPE	
API / UWI #	
DEPARTMENT	
JOB PURPOSE CODE	
SEC / TWP / RNG	

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	05:15							Called Out
	08:00							On loc. - Rig - Rigging up Tang.
	08:20							Start 5 1/2" x 1 1/4" Csg in Hole / Form Pker Shoe / Fill up 405M Control Lines - 1-3-5-1
	10:20							Csg in Hole - Hook up PC & Monitor
	10:30							Break Circ / Rig Pump - Drop Setting Ball Hook up to PT
	10:45							Start Pump Pre Flush
	10:58					1150		Packer Shoe Set - Finish Pump Flush - Plug Rat Hole - Bsk
	11:05					250		Start Pump Ent Down Cen 1250k-40-20 Pkg / 2" Gals / 18" Salty 1/2" CFR-3 500k-40-20 Pkg / 2" Gals / 18" Salty 1/2" CFR-3 3" G. T. Unit
	11:15					200		Finish Pump Ent - Wash out Pump - Release Plug
	11:18					50		Start Displ
	11:30					500		Finish Displ
	11:30					1250		Plug Logged
	11:35							Release Pres - Dried up
								Wash up - Rack up
								Job Complete
								<p>Thank you Ally 1/2/11</p>

ORIGINAL

ALLIED CEMENTING CO., INC. 5734

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

SERVICE POINT: Great Bend, Ks

ORIGINAL

DATE <u>8-28-97</u>	SEC. <u>3</u>	TWP. <u>22</u>	RANGE <u>12</u>	CALLED OUT <u>9:30 PM</u>	ON LOCATION <u>11:30 PM</u>	JOB START <u>2:30 AM</u>	JOB FINISH <u>3:30 AM</u>
LEASE <u>Bigkes</u>		WELL # <u>B-14</u>		LOCATION <u>K-19 1/2 281 Hwy 6E 1/2 N E into</u>		COUNTY <u>Stafford</u>	STATE <u>Ks</u>
OLD OR (NEW) (Circle one)							

CONTRACTOR L. D. Drilling, Inc.
 TYPE OF JOB Surface casing
 HOLE SIZE 12 1/4" T.D. 651'
 CASING SIZE 8 5/8" DEPTH 649'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 20'
 PERFS. _____

OWNER Same
 CEMENT

AMOUNT ORDERED
385 bx 50/50 pox 3%cc 2%gel

COMMON	<u>193</u>	@	<u>6.35</u>	<u>1225.55</u>
POZMIX	<u>192</u>	@	<u>3.25</u>	<u>624.00</u>
GEL	<u>7</u>	@	<u>9.50</u>	<u>66.50</u>
CHLORIDE	<u>12</u>	@	<u>28.00</u>	<u>336.00</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>385</u>	@	<u>1.05</u>	<u>404.25</u>
MILEAGE	<u>22</u>			<u>338.80</u>
TOTAL \$				<u>2995.10</u>

EQUIPMENT

PUMP TRUCK CEMENTER Duane Smith
 # 120 HELPER Kevin Rose
 BULK TRUCK DRIVER Kerry Rose
 # 199
 BULK TRUCK DRIVER _____

REMARKS:

Break circulation @ rig pump
Mixed 385 bx 50, 50 pox 3%cc 2%gel
Released plug - Displaced @ 40 BH H2°
Cement did circulate

SERVICE

DEPTH OF JOB	<u>651'</u>		
PUMP TRUCK CHARGE	<u>0-300'</u>		<u>470.00</u>
EXTRA FOOTAGE	<u>351</u>	@	<u>.43</u> <u>150.93</u>
MILEAGE	<u>22</u>	@	<u>2.85</u> <u>62.70</u>
PLUG	<u>8 5/8" solid rubber</u>	@	<u>90.00</u> <u>90.00</u>
		@	
		@	
TOTAL \$			
<u>773.63</u>			

CHARGE TO: L. D. Drilling, Inc.
 STREET R.R. 1 Box 183 B
 CITY Great Bend STATE Ks. ZIP 67530

FLOAT EQUIPMENT

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

TOTAL _____

Thank You!

TAX	<u>- 0 -</u>
TOTAL CHARGE	<u>\$ 3768.73</u>
DISCOUNT	<u>\$565.31</u> IF PAID IN 30 DAYS

Net \$ 3203.42

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 David J. Press