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DEC 16 2003

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 32756

Name: Double 7 Oil & Gas

Address: 21003 Wallace Rd.

City/State/Zip: Parsons Ks. 67357

Purchaser: _____

Operator Contact Person: Bruce Schulz

Phone: (620) 316-423-0951

Contractor: Name: Company tool

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: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- 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. _____

6-4-03 6-6-03 10-31-03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 099-23263-00-00

County: Labette

NW NE NE Sec. 21 Twp. 31 S. R. 21 East West

495 feet from N (circle one) Line of Section

825 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Barnes Well #: 1

Field Name: _____

Producing Formation: Bartlesville

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 165 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 20' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 0

feet depth to 165 w/ 16 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Allen Oct 5, 25, 04

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Empty & Fill

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.

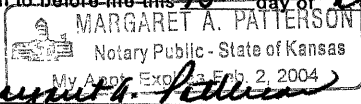
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Bruce Schulz

Title: Owner Date: 12-10-03

Subscribed and sworn to before me this 15th day of December

2003



Notary Public: Margaret A. Patterson

Date Commission Expires: 2/2/2004

KCC Office Use ONLY

- Letter of Confidentiality Attached
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

Operator Name: Double 7 Oil & Gas Lease Name: Barnes Well #: 1
 Sec. 21 Twp. 31 S. R. 21 East West County: Labette

INSTRUCTIONS: Show top and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time of hole in, 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy) List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	# Sacjs Used	Type and Percent Additives
Surface Drill Well	11"	20' 6 1/4"		20'	Portland	5	NO
Longstring	5 1/2"	2"		165'	"	16	NO

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain):			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water Bbbs. Gas-Oil Ratio Gravity
	✓	2			

Disposition of Gas **METHOD OF COMPLETION** Production Interval

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

ORIGINAL

7



Flyer Feed & Tire

P. O. Box 216
501 N. Galveston
Thayer, KS 66776-0216
(620) 839-5400



CUSTOMER'S NO. _____ DATE 10-24-03

NAME Double 7

ADDRESS _____

SOLD BY	CASH <input checked="" type="checkbox"/>	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
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QUAN.	DESCRIPTION	PRICE	AMOUNT
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4.50	Port-land		249/50
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RECEIVED
KANSAS CORPORATION COMMISSION
DEC 31 2004
CONSERVATION DIVISION
WICHITA, KS

	K.E.T.		
	Sales Tax		181 88
	TOTAL		2673 38