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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 Tools

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  
 Spud Date or Recompletion Date: 5-09-02    Date Reached TD: 5-09-02    Completion Date or Recompletion Date: 10-28-03

API No. 15 - 037-21559-00-00

County: Crawford

NE-SE-NW Sec. 36 Twp. 30 S. R. 21  East  West

1815 feet from  N (circle one) Line of Section

2310 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE  NW SW

Lease Name: Maffei Well #: 8

Field Name: McCune West

Producing Formation: Bartlesville

Elevation: Ground: N/A Kelly Bushing: \_\_\_\_\_

Total Depth: 185' 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 \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

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

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.: \_\_\_\_\_

*Per 10-5-08-04*

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: Kenneth Maffei

Title: Owner Date: 12-11-03

Subscribed and sworn to before me this 15<sup>th</sup> day of December

2003  
Notary Public: Margaret A. Patterson  
Notary Public - State of Kansas  
My Exp. Date: Feb. 2, 2004

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

X

Operator Name: Double 7 Oil & Gas Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval, casing line (top) 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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy)</p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface Drill Well	8 1/2" / 11"	20' 6 1/4" / 1'			Portland	5	

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		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	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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  Vented  Sold  Used on Lease (If vented, Sumit ACO-18.)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_

