

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

**RECEIVED
APR 28 2004
KCC WICHITA
ORIGINAL**

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 3954
Name: Jaed Production Co., Inc.
Address: P.O. Box 902
City/State/Zip: Arkansas City, KS 67005
Purchaser: STG
Operator Contact Person: Jay Warren
Phone: (620) 442-0826
Contractor: Name: Berentz Drilling Co., Inc.
License: 5892
Wellsite Geologist: Edward Broyles

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. _____

<u>12-29-03</u>	<u>1-08-04</u>	<u>3-24-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 191-22421-00-00
County: Summer
50'S NE NE NW Sec. 20 Twp. 33 S. R. 2 East West
4900 feet from (S) N (circle one) Line of Section
2970 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: Patton Well #: 9
Field Name: Rutter NW

Producing Formation: Arbuckle
Elevation: Ground: 1135 Kelly Bushing: 1140
Total Depth: 3577 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 256' 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 *Alt 1 w/ 6.7.04*
(Data must be collected from the Reserve Pit)
Chloride content 4700 ppm Fluid volume 850 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

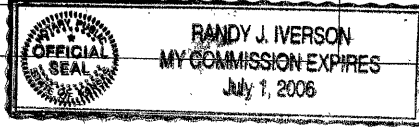
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Jay Warren
Title: V.P. Date: 4-22-04

Subscribed and sworn to before me this 22nd day of April, 2004

Notary Public: Randy J. Iverson
Date Commission Expires: 7/1/06



KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

X

Operator Name: Jaed Production Co., Inc. Lease Name: Patton Well #: 9
 Sec. 20 Twp. 33 S. R. 2 East West County: Sumner

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Cement Bond Log Dual Induction Compensated Density Neutron Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Simpson</td> <td>3570</td> <td></td> </tr> </table>	Name	Top	Datum	Simpson	3570	
Name	Top	Datum					
Simpson	3570						

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	23 lbs	256'	owc	150	Flow seal halls
Longstring	7 7/8	5 1/2	15 lbs	3573	common owe	150	

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
	Set packer shoe drilled out open hole	200 gals acid	3577
	@ 3577		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2	3550		
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
3/24/04		<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
12	12		12	

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Solid <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

ORIGINAL

TICKET NUMBER **32610**
 LOCATION *Bartlesville, Mo*
 FOREMAN *Tracy Williams*

TREATMENT REPORT

DATE <i>1-8-04</i>	CUSTOMER # <i>4298</i>	WELL NAME <i>Patten #9</i>	FORMATION
SECTION <i>20</i>	TOWNSHIP <i>335</i>	RANGE <i>2E</i>	COUNTY <i>Sumner</i>
CUSTOMER <i>JACD</i>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<i>418</i>	<i>Tim</i>		
<i>407</i>	<i>Danny</i>		
<i>206</i>	<i>Travis</i>		

WELL DATA	
HOLE SIZE <i>7 7/8</i>	PACKER DEPTH <i>3523'</i>
TOTAL DEPTH <i>3529'</i>	PERFORATIONS
	SHOTS/FT
CASING SIZE <i>5 1/2</i>	OPEN HOLE
CASING DEPTH <i>3523'</i>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISP, PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTION PRIOR TO JOB *Dropped setting balls & rigged up to cement. Set packer shoe & pumped 20 bbl flush. Ran 25 sks of straight cement & 25 sks OWC. Shut down & washed up behind plug. Pumped plug to bottom & set latch down plug.*

AUTHORIZATION TO PROCEED _____ TITLE *Released & pressured to 500psi. DATE* *Shut in.*

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15. MIN.
							MAX RATE
							MIN RATE

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CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
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TICKET NUMBER 32546
 LOCATION Bville
 FOREMAN [Signature]

TREATMENT REPORT

DATE <u>12-30-03</u>	CUSTOMER # <u>4298</u>	WELL NAME <u>Putton #9</u>	FORMATION
SECTION <u>20</u>	TOWNSHIP <u>33</u>	RANGE <u>2</u>	COUNTY <u>Sumner</u>
CUSTOMER <u>JAc</u>			
MAILING ADDRESS			
CITY			
STATE		ZIP CODE	
TIME ARRIVED ON LOCATION			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>393</u>	<u>Kent</u>		
<u>407</u>	<u>Dannie</u>		

WELL DATA	
HOLE SIZE <u>12 1/4</u>	PACKER DEPTH
TOTAL DEPTH <u>267</u>	PERFORATIONS
	SHOTS/FT
CASING SIZE <u>8 1/8</u>	OPEN HOLE
CASING DEPTH <u>256</u>	
CASING WEIGHT	TUBING SIZE
CASING CONDITION	TUBING DEPTH
	TUBING WEIGHT
	TUBING CONDITION
TREATMENT VIA	

TYPE OF TREATMENT	
<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MIS. PUMP	<input type="checkbox"/>
<input type="checkbox"/> OTHER	<input type="checkbox"/>

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

~~INSTRUCTIONS PRIOR TO JOB~~ est. circ - pumped 150 sk OWC w/ fl. seal shells @ 14.7 PPG - displaced to approx. 240' w/ 15 1/2 BBL - SHUT IN

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

TIME AM / PM	STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
							BREAKDOWN PRESSURE
							DISPLACEMENT
							MIX PRESSURE
							MIN PRESSURE
							ISIP
							15 MIN.
							MAX RATE

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