

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

Operator: License # 31473

Name: BG-S INC

Address 3939 ELLIS RD

City/State/Zip RANTOUL KS 66079

Purchaser: CRUDE MARKETING

Operator Contact Person: JIM PATTON

Phone (785) 241 4016

Contractor: Name: TOWN OIL

License: 6142

Wellsite Geologist: —

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SICW  Temp. Abd.

Gas  ENHR  SIGW

Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: MAR 28 2005

Well Name: KCC WICHITA

Comp. Date — Old Total Depth —

Deepening  Re-perf.  Conv. to Inj/SwD

Plug Back  PSTD

Commingled  Docket No. —

Dual Completion  Docket No. —

Other (SWD or Inj?)  Docket No. —

Spud Date 10/05/04 Date Reached TD 10/07/04 Completion Date 12/29/04

API NO. 15- 059-25 026-00-00

County FRANKLIN

NE-NW SE-NW Sec. 8 Twp. 18 Rge. 21 <sup>E</sup>

1460 Feet from S/N (circle one) Line of Section

3580 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 Wright Well # 41

Field Name RANTOUL

Producing Formation SQUIZZEL

Elevation: Ground level KB —

Total Depth 708 PSTD —

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 —

Location of fluid disposal if hauled offsite: —

Operator Name —

Lease Name — License No. —

— Quarter Sec. — Twp. — S Rng. — E/W

County — Docket No. —

RECEIVED

MAR 28 2005

KCC WICHITA

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.

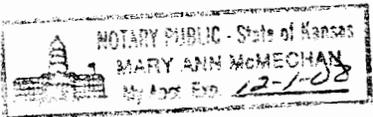
Signature Joe Smith  
Title — Date 11/20/05

Subscribed and sworn to before me this 20 day of January, 2005.

Notary Public Mary Ann McMechan

Date Commission Expires 12-1-08

|                        |                                    |                          |
|------------------------|------------------------------------|--------------------------|
| K.C.C. OFFICE USE ONLY |                                    |                          |
| F <u>ND</u>            | Letter of Confidentiality Attached |                          |
| C <u>—</u>             | Wireline Log Received              |                          |
| C <u>—</u>             | Geologist Report Received          |                          |
| Distribution           |                                    |                          |
| <u>—</u> KCC           | <u>—</u> SWD/Rep                   | <u>—</u> NGPA            |
| <u>—</u> KGS           | <u>—</u> Plug                      | <u>—</u> Other (Specify) |



56464

SIDE TWO

Operator Name \_\_\_\_\_ Lease Name \_\_\_\_\_ Well # \_\_\_\_\_  
 Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_  
 East  
 West  
 County \_\_\_\_\_

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:  
**GAMMA RAY / NEUTRON / CELL**

Log Formation (Top), Depth and Datum  Sample

| Name           | Top | Datum |
|----------------|-----|-------|
| 1st Squirtwell | 628 | 631   |
| " " "          | 633 | 640   |

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 |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| Production        | 6 7/8             | 2 7/8                     |                 | 708           | 50/150, 705    |              | 143 SX<br>GCL              |

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  Yes  No

Date of First, Resumed Production, SWD or Inj. \_\_\_\_\_ Producing Method  Flowing  Pumping  Gas Lift  Other (Explain) \_\_\_\_\_

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   | 2         |         | 10          |               |         |

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

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

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