

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: P O Box 397
City/State/Zip: Madison, Kansas 66860
Purchaser: Seminole Transportation
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co.
License: 30567
Wellsite Geologist: Dean Seeber

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

10-10-02 10-19-02 12-03-02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207 - 26778
County: Woodson
NW - NW - NW Sec. 23 Twp. 23 S. R. 13 East West
330 feet from S / (circle one) Line of Section
460 feet from E / (circle one) Line of Section

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

Field Name: Virgil North
Producing Formation: Arbuckle
Elevation: Ground: 1230' Kelly Bushing: NA

Total Depth: 2217' Plug Back Total Depth: 2201'
Amount of Surface Pipe Set and Cemented at 150 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.

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MAR 05 2003
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Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used Vacuum Truck
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: [Signature]
Title: Secretary Date: 03-03-03

Subscribed and sworn to before me this 4th day of March, 2003.

Notary Public: Rachel D. Ballard
RACHEL D. BALLARD
Notary Public - State of Kansas
My Comm. Expires 5-6-06

Date Commission Expires: 5-6-06

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: Schankie Well Service Inc. Lease Name: Bahr Well #: 9
 Sec. 23 Twp. 23 S. R. 13 East West County: Woodson

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ardmore	1514	-284
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Bartlesville	1670	-440
List All E. Logs Run:		Mississippi	1764	-534
		Mississippi Dolomite	1799	-569
		Mississippi Osage	1876	-646
		Northview Shale	2050	-820
		Compton Limestone	2086	-856
		Kinderhook Shale	2104	-874
		Viola	2162	-932
		Simpson	2182	-952
		Arbuckle	2191	-961

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12"	8 5/8"	NA	150'	Common	40	NA
Production	7 7/8"	5 1/2"	15.5#	2214'	Common	150	2% gel

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	2193' 2shots	100gal 7.5% HCL Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	2193'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
12-03-02	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	4	0	200	NA	28

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled

Production Interval: Other *(Specify)*