

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31708
 Name: Ensminger-Kimzey
 Address: 1446-3000 St.
 City/State/Zip: Moran, Kansas 66755
 Purchaser: Crude Marketing
 Operator Contact Person: Donald Ensminger
 Phone: (620.) 496-2300 or 496-7181 cell
 Contractor: Name: Donald & Jack Ensminger
 License: 6137
 Wellsite Geologist: _____
 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. _____
4-24-02 4-25-02 4-30-02
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 15-001-28961
 County: Allen
 SW SE SW SE Sec. 17 Twp. 24 S. R. 19 East West
165 feet from (S) / N (circle one) Line of Section
1815 feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Dreher Well #: 5
 Field Name: Iola
 Producing Formation: Tucker
 Elevation: Ground: XX Kelly Bushing: _____
 Total Depth: 924 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 Surface
 feet depth to 910 w/ 100 sx cmt.
 Drilling Fluid Management Plan See 11 Enr 6-26-02
 (Data must be collected from the Reserve Pit)
 Chloride content 125 ppm Fluid volume 325 bbls
 Dewatering method used Air Dry
 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: Donald Ensminger
 Title: Co. Owner Date: 6-12-02
 Subscribed and sworn to before me this 12 day of June
2002
 Notary Public: Kristie L. Tavarez
 Date Commission Expires: Feb 16, 2005
 KRISTIE L. TAVAREZ
 Notary Public, State of Kansas

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

Operator Name: Ensminger-Kinzey Lease Name: Dreher Well #: 5
 Sec. 17 Twp. 24 S. R. 19 East West County: Allen

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 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 checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: right;">Top</th> <th style="text-align: right;">Datum</th> </tr> </thead> <tbody> <tr> <td>Soil</td> <td style="text-align: right;">0</td> <td style="text-align: right;">6</td> </tr> <tr> <td>Ls with sh streaks</td> <td style="text-align: right;">6</td> <td style="text-align: right;">259</td> </tr> <tr> <td>Sh with Ls streaks</td> <td style="text-align: right;">259</td> <td style="text-align: right;">878</td> </tr> <tr> <td>Oil Sd</td> <td style="text-align: right;">878</td> <td style="text-align: right;">886</td> </tr> <tr> <td>Sh</td> <td style="text-align: right;">886</td> <td style="text-align: right;">915</td> </tr> <tr> <td>Oil Sd</td> <td style="text-align: right;">915</td> <td style="text-align: right;">925 TD</td> </tr> </tbody> </table> | Name | Top | Datum | Soil | 0 | 6 | Ls with sh streaks | 6 | 259 | Sh with Ls streaks | 259 | 878 | Oil Sd | 878 | 886 | Sh | 886 | 915 | Oil Sd | 915 | 925 TD |
|--|---|--------|-----|-------|------|---|---|--------------------|---|-----|--------------------|-----|-----|--------|-----|-----|----|-----|-----|--------|-----|--------|
| Name | Top | Datum | | | | | | | | | | | | | | | | | | | | |
| Soil | 0 | 6 | | | | | | | | | | | | | | | | | | | | |
| Ls with sh streaks | 6 | 259 | | | | | | | | | | | | | | | | | | | | |
| Sh with Ls streaks | 259 | 878 | | | | | | | | | | | | | | | | | | | | |
| Oil Sd | 878 | 886 | | | | | | | | | | | | | | | | | | | | |
| Sh | 886 | 915 | | | | | | | | | | | | | | | | | | | | |
| Oil Sd | 915 | 925 TD | | | | | | | | | | | | | | | | | | | | |

| 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" | 27 | 22' | common | 5 | None |
| Production | 6½" | 4½" | 10½" | 910 | common | 100 | None |

| 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 |
|----------------|--|--|---------|
| none | open hole | complete natural | 914-924 |

| | | | | |
|---|-----------|---|-------------|---|
| TUBING RECORD | Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | 1" | 920 | | |
| Date of First, Resumed Production, SWD or Enhr. | | Producing Method | | |
| 5-15-02 | | <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 |
| | 1 | | Trace | 22 |

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