

Sub

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 # 33503
 Name: Paxton Grant, L.L.C.
 Address: 132 N. Otsego Ave.
 City/State/Zip: Gaylord, MI 49735
 Purchaser: _____
 Operator Contact Person: David Fleming
 Phone: (620) 252-9985
 Contractor: Name: Mokat Drilling
 License: 5831
 Wellsite Geologist: None
 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. _____

| | | |
|-------------------|------------------|--------------------|
| January 13, 2005 | January 13, 2005 | February 10, 2005 |
| Spud Date or | Date Reached TD | Completion Date or |
| Recompletion Date | | Recompletion Date |

API No. 15 - 133-26269-00-00
 County: Neosho
NE SE NE Sec. 22 Twp. 27 S. R. 21 East West
1833 feet from S / N (circle one) Line of Section
352 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Inman Well #: 22-2D
 Field Name: Wildcat
 Producing Formation: Summit, Mulky, Bevier, Crowberg, Mineral, Tebo, Rowe, Riverton
 Elevation: Ground: 997' Kelly Bushing: _____
 Total Depth: 856' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 854
 feet depth to surface w/ 95 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ 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: Mark Barling
 Title: Operations Manager Date: 3/10/05
 Subscribed and sworn to before me this 10th day of March
 20 05
 Notary Public: Wanda Zaleski
 Date Commission Expires: 11/24/2005

WANDA ZALESKI, NOTARY PUBLIC
 State of Michigan, County of Otsego
 Acting in the County of Otsego
 My Commission Expires: 11/26/2005

KCC Office Use ONLY

_____ Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received **RECEIVED**
 _____ UIC Distribution

MAR 14 2005
KCC WICHITA

