

ORIGINAL**WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE****COPY**

Operator: License # 33344

Name: Quest Cherokee, LLC

Address: P O Box 100

City/State/Zip: Benedict, KS 66714

Purchaser: Bluestem Pipeline, LLC

Operator Contact Person: Douglas L. Lamb

Phone: (620) 698-2250

Contractor: Name: MOKAT Drilling, Inc.

License: 5831

Wellsite Geologist: Michael L. Ebers

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. _____

3/25/04

3/29/04

4/15/04

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 099-23438-0000- 125-30465-0000

County: Montgomery

nw sw se sec. 31 Twp. 34 S. R. 14 East West3630 feet from S / N (circle one) Line of Section2970 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

 (circle one) NE SE NW SW

Lease Name: Burrows Well #: 1-31

Field Name: Caney

Producing Formation: Not yet complete

Elevation: Ground: 775 Kelly Bushing: _____

Total Depth: 1541 Plug Back Total Depth: 1535

Amount of Surface Pipe Set and Cemented at 20' 5" Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 1001

feet depth to surface w/ 138 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. R. _____ East West

County: _____ Docket No.: _____

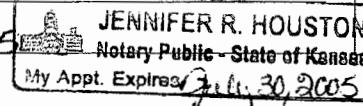
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: Douglas L. Lamb
Title: Manager Date: 07/22/2004

Subscribed and sworn to before me this 20th day of July, 2004.

Notary Public: Jennifer R. Houston
Date Commission Expires: July 30, 2005

**KCC Office Use ONLY**

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Operator Name: Quest Cherokee, LLC Lease Name: Burrows Well #: 1-31
 Sec. 31 Twp. 34 S. R. 14 East West County: Montgomery

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 checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Lenapah Lime	Top 656 Datum +119
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Altamont Lime	749 +26
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pawnee Lime	894 -119
List All E. Logs Run:		Oswego Lime	1021 -246
Dual Induction Log Compensated Density-Neutron Log		Verdigris Lime	1126 -351
		Mississippi Lime	1505 -730

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	11"	8-5/8"	24.75#	45.3'	"A"	8sx	
Production	6-3/4"	4-1/2"	10.5#	1535'	"A"	230sx	

ADDITIONAL CEMENTING / SQUEEZE RECORD					RECEIVED
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives	
				JUL 26 2004	
				KCC WICHITA	

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)				
None	Waiting on pipeline			Depth				
TUBING RECORD				Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method					
			<input type="checkbox"/> Flowing <input 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	

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