

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

32838

131-20173-0000

Operator: License # _____
Name: Vector Minerals Corporation
Address: 518 17 th Street, Suite 745
City/State/Zip: Denver, Colorado 80202
Purchaser: NCRA
Operator Contact Person: Bill Davis
Phone: (303) 825-7080
Contractor: Name: Hurricane Well Service
License: _____
Wellsite Geologist: _____

API No. 15 - _____
County: Nemaha
NW NE NW _____ Sec. 8 Twp. 4 S. R. 14 East West
343 feet from S / N (circle one) Line of Section
1,500 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Mike McClain Well #: 1
Field Name: N. E. McClain
Producing Formation: First & Second Simpson
Elevation: Ground: 1,172' Kelly Bushing: 1,178'
Total Depth: 3,662' Plug Back Total Depth: 3,656'
Amount of Surface Pipe Set and Cemented at 272' 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 cml.

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: Vector Minerals Corporation
Well Name: Mike McClain No. 1

Original Comp. Date: 8/9/01 Original Total Depth: 3,662'
_____ 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. _____

6/22/01 6/28/01 2/25/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date

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: [Signature]
Title: President Date: 4/15/02
Subscribed and sworn to before me this 15th day of April,
2002.
Notary Public: Linda C. Goldsby
Notary Commission Expires: 9-29-03

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

Operator Name: Vector Minerals Corporation Lease Name: Mike McClain Well #: 1
 Sec. 8 Twp. 4 S. R. 14 East West County: Nemaha

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.

Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Logs Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	# Sacs Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
- Perforate				
- Protect Casing				
- Plug Back TD				
- Plug Off Zone				

Feet 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
	First Simpson 3,570 - 3,576'	500 gal 7 1/2%	
	Second Simpson 3,600 - 3,605 & 3,612 - 3,614'	None	

Size <u>2 3/8"</u> Set At <u>3,586'</u> Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
First, Resumed Production, SWD or Enhr.	Gas <u>0</u> Mcl Water <u>70</u> Bbls. Gas-Oil Ratio Gravity <u>26</u>	Oil <u>1</u> Bbls.

Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If rented, Submit ACO-18.) Other (Specify) _____