

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

Operator: License # 32754  
Name: Elysium Energy, L.L.C.  
Address: 1625 Broadway, Suite 2000  
City/State/Zip: Denver, CO 80202  
Purchaser: NCRA  
Operator Contact Person: Chris Gottschalk

Phone: (785) 434-4638  
Contractor: Name: Express Well Service

License: 6426  
Wellsite Geologist: NA

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: Western Kansas Exploration

Well Name: McClellan #11

Original Comp. Date: 2/5/90 Original Total Depth: 3900'

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. \_\_\_\_\_

10/18/02 10/23/02  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 065-22554

County: Graham

SW NE SE Sec. 2 Twp. 10 S. R. 21  East  West

1650 feet from  N (circle one) Line of Section

990 feet from  W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE  NW SW

Lease Name: McClellan Well #: 11

Field Name: Cooper

Producing Formation: Arbuckle

Elevation: Ground: 2280' Kelly Bushing: 2285'

Total Depth: 3900' Plug Back Total Depth: 3835'

Amount of Surface Pipe Set and Cemented at 211 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.

Drilling Fluid Management Plan WORKOVER EOL 1-15-03  
(Data must be collected from the Reserve Pit)

Chloride content NA 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: Chris Gottschalk

Title: Prod. Superintendent Date: 12/13/02

Subscribed and sworn to before me this 13 day of Dec., 2002

19 \_\_\_\_\_

Notary Public: Michelle R. Haas

Date Commission Expires: \_\_\_\_\_



NOTARY PUBLIC, State of Kansas

MICHELLE R. HAAS

My Appt. Exp. 10/1/03

**KCC Office Use ONLY**

NO Letter of Confidentiality Attached

If Denied, Yes  Date: \_\_\_\_\_

NO Wireline Log Received

NO Geologist Report Received

\_\_\_\_\_ UIC Distribution

Operator Name: Elysium Energy, L.L.C. Lease Name: McClellan Well #: 11  
 Sec. 2 Twp. 10 S. R. 21 East  West County: Graham

**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 No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes No  Cores Taken Yes No Electric Log Run Yes No <i>(Submit Copy)</i>  List All E. Logs Run:	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">Log</td> <td style="width:40%; border-bottom: 1px solid black;">Formation (Top), Depth and Datum</td> <td style="width:30%; border-bottom: 1px solid black;">Sample</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name</td> <td style="border-bottom: 1px solid black;">Top</td> <td style="border-bottom: 1px solid black;">Datum</td> </tr> </table>	Log	Formation (Top), Depth and Datum	Sample	Name	Top	Datum
Log	Formation (Top), Depth and Datum	Sample					
Name	Top	Datum					

CASING RECORD								
				New	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	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
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

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
4	3810-16'	500 gal 15% NE Acid	3810-16'
	CIBP set @ 3820'		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	3790'		Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr. 10/23/02	Producing Method Flowing <input type="checkbox"/> Pumping <input checked="" type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 11	Gas Mcf	Water Bbls. 210	Gas-Oil Ratio Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	Production Interval 3810-16'
<input type="checkbox"/> Other (Specify) _____		