

WELL COMPLETION FORM  
WELL HISTORY DESCRIPTION OF WELL & LEASE

Operator: License # 3869  
Name: Imperial Oil Properties, Inc.  
Address: 200 East First Street - Suite 413  
City/State/Zip: Wichita, Kansas 67202  
Purchaser: \_\_\_\_\_  
Operator Contact Person: Jon T. Williams, Jr.  
Phone: ( 316 ) 263-5596  
Contractor: Name: Duke Drilling Co., Inc.  
License: 5929  
Wellsite Geologist: Jon T. Williams

Designate Type of Completion:  
 New Well     Re-Entry     Workover  
 Oil     SWD     SIOW     Temp. Abd.  
 Gas     ENHR     SIGW  
 Dry     Other (Core, WSW, Expl., Cathodic ~~pro~~)  
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. \_\_\_\_\_

04-29-03    05-06-03    5.6.03  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 165-21749-00-00  
County: Rush County, Kansas  
 SW  NW  NE Sec. 22 Twp. 18 S. R. 18  East  West  
990 feet from S   N (circle one) Line of Section  
2030 feet from  E  W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one)  NE  SE  NW  SW  
Lease Name: Tomecek Well #: 22-1  
Field Name: Rush Center East  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 2028' Kelly Bushing: 2036'  
Total Depth: 3824' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 1234 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  
(Data must be collected from the Reserve Pit)  
Chloride content 5,200 ppm Fluid volume 160 bbls  
Dewatering method used Hauled off  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Hertel Tank Service, Inc.  
Lease Name: Oldham #4SWD License No.: 8729  
Quarter NW Sec. 4 Twp. 15 S. R. 18  East  West  
County: Ellis Docket No.: D-20,212

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: Geologist/Agent Date: 5/14/2003

Subscribed and sworn to before me this 14 day of May

2003  
Notary Public: [Signature]  
PATRICIA C. ARMSTRONG  
NOTARY PUBLIC

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

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

Operator Name: Imperial Oil Properties, Inc. Lease Name: Tomecek Well #: 22-1  
 Sec. 22 Twp. 18 S. R. 18  East  West County: Rush County, Kansas

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample
Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Top Datum
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner 3368 -1332
Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>	Toronto 3389 -1353
List All E. Logs Run: <u>R.A.Guard</u>	Lansing 3421 -1385
	Base K.C. 3678 -1642

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
Surface	12-1/4"	8-5/8"	24#	1234'	Premium Lite	350 150	3%cc 2%cc

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

CUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit 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) _____	