

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4656
Name: Davis Petroleum, Inc.
Address: R.R. 1 Box 183 B
City/State/Zip: Great Bend, KS 67530
Purchaser: Eagling Trading, Inc.
Operator Contact Person: L.D. Davis
Phone: (620) 793-3051
Contractor: Name: L.D. Drilling, Inc.
License: 6039
Wellsite Geologist: Kim Shoemaker

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. _____

<u>10/13/02</u>	<u>11/20/02</u>	<u>11-28-02</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 135-24191-00-00
County: Ness
E2 SW NW Sec. 36 Twp. 18 S. R. 24 East West
1980 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Lehner Well #: 2
Field Name: Ness City

Producing Formation: Mississippi
Elevation: Ground: 2256' Kelly Bushing: 2261'
Total Depth: 4277' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 317 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1540 Feet
If Alternate II completion, cement circulated from 1540'
feet depth to surface w/ 170 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: Bessie Dewerr
Title: Sec/Treas Date: 1st May 2003
Subscribed and sworn to before me this 1st day of May,
~~2003~~ .
Notary Public: Rashell Patten
Date Commission Expires: 2-2-07

NOTARY PUBLIC - STATE OF KANSAS
Rashell Patten

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

Operator Name: Davis Petroleum, Inc. Lease Name: Lehner Well #: 2
 Sec. 36 Twp. 18 S. R. 24 East West County: Ness

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 No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes No <i>(Submit Copy)</i> List All E. Logs Run: <div style="text-align: center; font-size: 1.2em; font-family: cursive;">None</div>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:40%;">Log Formation (Top), Depth and Datum</td> <td style="width:30%;">Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td colspan="3" style="text-align: center; padding-top: 20px;">Attached</td> </tr> </table>		Log Formation (Top), Depth and Datum	Sample	Name	Top	Datum	Attached		
	Log Formation (Top), Depth and Datum	Sample								
Name	Top	Datum								
Attached										

CASING RECORD <input checked="" 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	12 1/4"	8 5/8"	24#	317'	Pozmix	210	2%gel,3%CC
Casing	7 7/8"	5 1/2"	10.5	4269'	EA2	125	
Open port circulate collar to surface						170sx	mid-con

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 <i>(Amount and Kind of Material Used)</i>		Depth
		Amount	Kind	
4	4271-4277	500 gal	- 20%	4271-77

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4266'</u>	Packer At	Liner Run Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of First, Resumed Production, SWD or Enhr. <u>November 28, 2002</u>		Producing Method Flowing <input type="checkbox"/> <u>Pumping</u> Gas Lift <input type="checkbox"/> Other (Explain) <input type="checkbox"/>		
Estimated Production Per 24 Hours	Oil Bbls. <u>25</u>	Gas Mcf	Water Bbls. <u>2%</u>	Gas-Oil Ratio <u>36.50</u>

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, Sumit ACO-18.)</i>	<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled _____