

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32283
Name: Western Operating Company
Address: 518 17th Street, Suite 1680
City/State/Zip: Denver Colorado 80202
Purchaser: _____
Operator Contact Person: Steven D. James
Phone: (303) 893-2438
Contractor: Name: Murfin Drilling Co.
License: 30606
Wellsite Geologist: Richard J. Hall

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

11/10/00 11/26/00 11/27/00
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 071-20737-000
County: Greeley
NE SE NE Sec. 22 Twp. 20 S. R. 42 East West
1650 feet from S / (N) (circle one) Line of Section
480 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW

Lease Name: Crussell Well #: 1-X

Field Name: No Man's

Producing Formation: Morrow

Elevation: Ground: 3739' Kelly Bushing: 3749'

Total Depth: 5270' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 538 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 D&A 974 10/25/01
(Data must be collected from the Reserve Pit)

Chloride content 1300 ppm Fluid volume 20,000 bbls

Dewatering method used Evaporation and Land Farm

Location of fluid disposal if hauled offsite:

Operator Name: Western Operating Company

Lease Name: Crussell License No.: 32283

Quarter NE Sec. 22 Twp. 20 S. R. 42 East West

County: Greeley 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: _____

Title: Vice President Date: 12/26/00

Subscribed and sworn to before me this 26 day of December

2000
19

Notary Public: _____

Date Commission Expires: 4/27/02

KCC Office Use ONLY

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

TBG

Operator Name: Western Operating Company Lease Name: Crussell Well #: 1-X
 Sec. 22 Twp. 20 S. R. 42 East West County: Greeley

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 <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: DIL CND Sonic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Stone Corral</td> <td>2,440</td> <td>1,309</td> </tr> <tr> <td>Neva</td> <td>3,260</td> <td>489</td> </tr> <tr> <td>Lansing</td> <td>4,044</td> <td>-295</td> </tr> <tr> <td>Morrow Shale</td> <td>5,047</td> <td>-1,298</td> </tr> <tr> <td>Morrow Lime</td> <td>5,148</td> <td>-1,399</td> </tr> </tbody> </table>	Name	Top	Datum	Stone Corral	2,440	1,309	Neva	3,260	489	Lansing	4,044	-295	Morrow Shale	5,047	-1,298	Morrow Lime	5,148	-1,399
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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
Surface	17 1/2"	13 3/8"	32#	538'	Comm.	385	3% cc 2% gel
Int. Csg.	12 1/4"	8 5/8"	24# & 32#	2423'	Comm.	1000	3% cc 2% gel

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. D & A	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 N/A Bbls.	Gas N/A Mcf	Water N/A Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

Production Interval