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KANSAS CORPORATION COMMISSION OIL & GAS DIVISION

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Form ACO-1

September 1999

MAR 31 2003

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

MAY 10 2004

me

Operator: KOO WICHITA 5003

Name: McCoy Petroleum Corporation

Address: P.O. Box 780208

City/State/Zip: Wichita, KS 67278

Purchaser: Seminole Transportation & Gathering

Operator Contact Person: Scott Hampel

Phone: (316) (316) 636-2737

Contractor: Name: Sterling

License: 5142

Wellsite Geologist: Corey Baker

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 Enhnr/SWD

Plug Back Plug Back Total Depth _____

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhnr.?) Docket No. _____

11/26/02 12/20/02 1/3/03

Spud Date or 2 Date Reached TD Completion Date or
Recompletion Date 2 Recompletion Date

API NO. 15 - 047-21,473

County: Edwards

SE NW - SW - 29 Sec. 26 S. R. 20 East West

1650 fsl feet from (S) N (circle one) Line of Section

990 fwl feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW (SW)

Lease Name: Leith B Well #: 2-29

Field Name: Martin North

Producing Formation: Mississippian Dolomite

Elevation: Ground: 2259 Kelly Bushing: 2268

Total Depth: 4797 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 656'kb 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 ACT 1 DPW 5-8-03
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls

Dewatering method used Haul off pit/ Removed free fluids, Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name: Advantage Resources

Lease Name: Hardy B1 License No.: 6927

Quarter NE Sec 24 Twp 28 S. R. 18 East West

County: Kiowa Docket No.: D27,161

INSTRUCTIONS: An original and two copies of this form shall be filed with 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: Scott Hampel

Title: Scott Hampel Date: 3/26/03

Subscribed and sworn to before me this 26 day of March, 2003

Notary Public: Karen E. Houseberg

Date Commission Expires: 9/5/06

NOTARY PUBLIC - State of Kansas
KAREN E. HOUSEBERG
My Appt. Exp. 9/05 2006

KCC Office Use ONLY

Yes Letters of Confidentiality Attached

If Denied, Yes No Date: 4-2-03 DPW

Wireline Log Received

Geol Report

TIC Distribution

Operator Name: McGoy Petroleum Corporation Lease Name: Leith B Well: 2-29
 Sec. 29 Twp. 26 S. R. 20 East West County: Edwards

INSTRUCTIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval test, 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 charts(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 Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Radiation Guard	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Datum Name Top Datum Anhydrite 1302 (-966) Heebner 4037 (-1769) Lansing 4166 (-1898) Lansing "B" 4201 (-1933) Stark 4435 (-2167) Marmaton 4538 (-2270) Pawnee 4656 (-2388) Fort Scott 4694 (-2426) Cherokee Sh 4706 (-2438) Miss 4788 (-2520) Miss. Dolo. 4794 (-2526) LTD 4797 (-2529)
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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
Conductor	30"	20"		48'	Grout	4yds	
Surface	12-1/4"	8-5/8"	23#	656'	145sx A-Con	245sx	3% CC 1/4#/sk Cell flake
Production	7-7/8"	5-1/2"	14#	4790'	Class H Premium	100sx	10%Salt, 0.1%de foamer,0.5%FLA322, 5#Gil/sk

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				

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
4 spf -OH	4792-98' Perfd OH	1500 gal 15% Stimsol	

TUBING RECORD	Size <u>2-7/8"</u> Set At <u>4785.3</u> Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>1/17/03</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbbls <u>10</u>	Gas Mcf <u>0</u>	Water Bbbls <u>3</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	
<i>(If vented, Sumit ACO-18.)</i>		<input type="checkbox"/> Other Specify _____