

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 5364
Name: BEREN CORPORATION
Address: P O BOX 20380 (2020 NO BRAMBLEWOOD)
City/State/Zip: WICHITA, KS 67208
Purchaser: _____
Operator Contact Person: GARY MISAK
Phone: (____) _____
Contractor: Name: BEREDCO INC
License: 5147
Wellsite Geologist: _____

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: BEREN (TOM PALMER)

Well Name: NRSU #10 (ROLINGSON #2)
Original Comp. Date: 1-18-59 Original Total Depth: 4,455

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back 4,400 Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

12-11-2002 12/58 12/18/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

APL No. 15 DRILLED 12/1958 15-15-1-1010-00-01
County: PRATT
NW SW Sec. 30 Twp. 27 S. R. 12 East West
990 feet from S / N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section

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

Field Name: NO ROLINGSON
Producing Formation: LK-C

Elevation: Ground: 1,893 Kelly Bushing: 1902
Total Depth: 4280 Plug Back Total Depth: 4280

Amount of Surface Pipe Set and Cemented at _____ 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 Abandoned Ca 1-30-03
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbis
Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

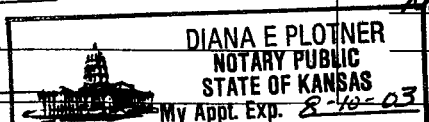
County: _____ Docket No.: _____

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: Gary L Misak
Title: Division Engineer Date: 1-16-03
Subscribed and sworn to before me this 16th day of January, 2003.

Notary Public: Diana E Plotner
Date Commission Expires: Aug 10, 2003



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: BEREN CORPORATION Lease Name: ROLINGSON Well #: 2
 Sec. 30 Twp. 27 S. R. 12 East West County: PRATT

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>GAMMA-RAY-NEUTRON-COLLAR</u> NOTE: WELL WAS FLOW TESTED FOR 2 DAYS THRU 1" CHOKE 20#; 720 MCF/D. SITP - 1150#.	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	# Sacjs Used	Type and Percent Additives

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
	CIBP		4280
4 SPF	L-KC 3792-3802	1000 GALS 15% NEFE	

TUBING RECORD		Size <u>2 3/8</u>	Set At <u>3738</u>	Packer At <u>3738</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>12</u>	Gas Mcf <u>720</u>	Water Bbls. <u>12</u>	Gas-Oil Ratio <u>60,000</u>	Gravity

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION Production Interval 3792-3802

(If vented, Sumit ACO-18.)