

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5056
Name: F.G. Holl Company, L.L.C.
Address: 9431 E. Central, P.O. BOX 780167
City/State/Zip: Wichita, Kansas 67278-0167
Purchaser: NCRA
Operator Contact Person: Franklin R. Greenbaum
Phone: (316) 684-8481
Contractor: Name: Sterling Drilling Company, Rig #4
License: 5142
Wellsite Geologist: Bill Ree
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. _____
06/03/2002 06/14/2002 07/17/2002
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22,708-0000
County: Barber
C SW NE Sec. 16 Twp. 30 S. R. 13 East West
1953 feet from S N (circle one) Line of Section
1880 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: LEMON TRUST Well #: 1-16
Field Name: _____
Producing Formation: Viola
Elevation: Ground: 1837' Kelly Bushing: 1846'
Total Depth: 4795' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 1009.15 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 43,000 ppm Fluid volume 1,800 bbls
Dewatering method used Hauled fluids to disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: F.G. Holl Company, L.L.C.
Lease Name: KENNEDY License No.: 5056
Quarter SW Sec. 30 Twp. 29 S. R. 12 East West
County: Pratt Docket No.: D-22,132

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: Franklin R. Greenbaum
Title: Exploration Manager Date: 07/30/2002
Subscribed and sworn to before me this 30th day of July, 2002

Notary Public: Betty B. Herring Betty B. Herring

Date Commission Expires: 04/30/2006 **Notary Public - State of Kansas**

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

Operator Name: F.G. Holl Company, L.L.C. Lease Name: LEMON TRUST Well #: 1-16
 Sec. 16 Twp. 30 S. R. 13 East West County: Barber

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> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>DIL/BHCS/MEL</u> <u>CDL/GR/CNL</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum SEE ATTACHMENT
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CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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"	23#	1009.15'KB	Common A-Con	200sx 215sx	3% CC, 1/4# Ce
Conductor	17-1/4"	13-3/8"	48#	95.31'KB	60/40 Poz	125sx	3%CC, 1/4# Cel
Production		4-1/2"	10.5#	4778'KB	50/50 Poz A-Serv.	150sx 125sx	

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
		Spotted 500 gal. 10% acetic acid over Viola	
1 BSPF	4480' - 4496' Viola	Treat w/ 1,000 gal. 10% Mira acid	
		Treat w/ 3,000 gal. 28% NEFE acid.	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4472'</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>Waiting on Gas pipeline connection</u>	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 <u>Test Results</u>	Oil Bbls. <u>1,023</u> Gas Mcf <u>MCF</u> Water Bbls. <u></u> Gas-Oil Ratio <u></u> Gravity <u></u>

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 4480'- 4496' Viola
(If vented, Sumit ACO-18.) Other (Specify) _____