

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

September 1999
Form Must Be Typed

Operator: License # 30420 Vincent Innone dba
 Name: VJI NATURAL RESOURCES, INC.
 Address: 30-38 48th St.
 City/State/Zip: ASTORIA NY 11103
 Purchaser: _____
 Operator Contact Person: Jason Dinges
 Phone: (785) 625-8360
 Contractor: Name: Andy Anderson dba A & A PRODUCTION
 License: 30076
 Wellsite Geologist: JERRY GREEN

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. _____
 3-01-03 3-10-03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 065-22886-00-00
 County: GRAHAM
NE-SW-SW Sec. 30 Twp. 8 S. R. 24 East West
990 feet from (S) N (circle one) Line of Section
4390 feet from (E) W (circle one) Line of Section

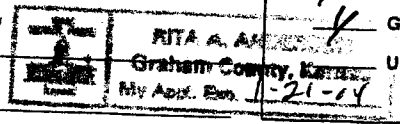
A Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: HOLLEY Well #: 2-B
 Field Name: HOLLEY
 Producing Formation: KC
 Elevation: Ground: 2463 Kelly Bushing: 2468
 Total Depth: 4040 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 201 @ 206 Feet
150 sacks
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 4040
 feet depth to surface w/ 450 sx cmt.

Drilling Fluid Management Plan 6/11/03
 (Data must be collected from the Reserve Pit)
 Chloride content 2500 ppm Fluid volume 140 bbls
 Dewatering method used Natural Settling
 Location of fluid disposal if hauled offsite:
 Operator Name: Challenger Exploration
 Lease Name: Dechant License No.: 03919
 Quarter _____ Sec. 17 Twp. 14 S. R. 18 East West
 County: Ellis Docket No.: 24904

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: [Signature]
 Title: gnt Date: 5-12-03
 Subscribed and sworn to before me this 12th day of May,
2003
 Notary Public: [Signature]
 Date Commission Expires: Jan 21, 2004



KCC Office Use ONLY

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

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 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: Radiation Guard Log Dual Receiver Dement Bond Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Anhy.</td> <td>2192-2222</td> <td></td> </tr> <tr> <td>Heebner</td> <td>3756-</td> <td>-1288</td> </tr> <tr> <td>Toronto</td> <td>3782</td> <td>1314</td> </tr> <tr> <td>LKC</td> <td>3794</td> <td>1326</td> </tr> <tr> <td>BKC</td> <td>4016</td> <td>1548</td> </tr> <tr> <td>RTD</td> <td>4042</td> <td>1574</td> </tr> </table>	Name	Top	Datum	Anhy.	2192-2222		Heebner	3756-	-1288	Toronto	3782	1314	LKC	3794	1326	BKC	4016	1548	RTD	4042	1574
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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
SURFACE	12 1/4	8 5/8	20	206	60/40 Poz Mix	150	3% CC 2% Gel
PRODUCTION	7 7/8	5 1/2	15	4040	SMAS	450	113# Floceal

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
4shots per/ft	3949-51	500mca 1500 20%fene	
4shots per/ft	3926-28	500mca 2500 20%fene	

TUBING RECORD	Size 2 3/8	Set At 3965	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. n/a	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas METHOD OF COMPLETION <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	Production Interval <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
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