

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

Form ACO-1
 September 1999
 Form Must Be Typed

ORIGINAL

Operator: License # 30420
 Name: Vincent Innone dba VJI NATURAL RESOURCES
 Address: 30-38 48TH STREET
 City/State/Zip: ASTORIA NY 11103
 Purchase: _____
 Operator Contact Person: JASON DINGES
 Phone: (785) 625-8360
 Contractor: Name: Andy Anderson dba A & A PRODUCTION
 License: 30076

API No. 15 - 065-22928-00-00
 County: GRAHAM
SE Sec. 31 Twp. 8 S. R. 24 East West
2310 feet from N (circle one) Line of Section
2310 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: HOLLEY Well #: 8-A
 Field Name: HOLLEY

Producing Formation: Lansing KC
 Elevation: Ground: 2460 Kelly Bushing: 2465
 Total Depth: 4035 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 200' @ 204' Feet
 Multiple Stage Cementing Collar Used? 150 SACKS Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 4034
 feet depth to SURFACE w/ 450 sx cmt.

Drilling Fluid Management Plan 11/11/03
 (Data must be collected from the Reserve Pit)

Chloride content 2200 ppm Fluid volume 115 bbls
 Dewatering method used Natural Settling

Location of fluid disposal if hauled offsite:
 Operator Name: Challenger Exploration
 Lease Name: Deckant License No.: 03919
 Quarter _____ Sec. 17 Twp. 14 S. R. 18 East West
 County: Ellis Docket No.: 24904

Designate Type of Completion: **NOV 12 2003**
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

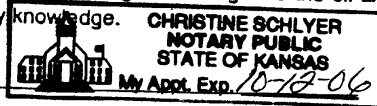
KCC WICHITA

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. _____
8-7-03 08-15-03 8-15-03
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

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: AGENT Date: 10-14-03
 Subscribed and sworn to before me this 14 day of October, 2003
 Notary Public: Christine Schlyer
 Date Commission Expires: 10-12-06



KCC Office Use ONLY

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

Operator Name: Vincent Innnone dba VJI NATURAL RESOURCES Lease Name: HOLLEY Well #: 8-A
 Sec. 31 Twp. 8 S. R. 24 East West County: GRAHAM

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
 Radiation Guard Log
 Dual Receiver Cement Bond Log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Anhydrite	2138-92	-307
Heebner	3752	-1287
Toronto	3777	-1312
Lansing-KC	3791	-1326
BKC	4013	-1548
RTD	4035	-1570

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	23	204	60/40 POZ	150	3% CC 2% GEL
Production	7 7/8"	5 1/2	14.5	4035	SMDC	450	113LB FLOCLE

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
4 per ft.	3965-68	250g mca, 2000g 15%	
4 per ft.	3945-48	250g mca 1500g 15%	
4 per ft.	3924-27	250g mca, 1500g 15%	
4 per ft.	3970-74	250gmca, 2000g 15%	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2"	3980	NONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed 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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A				

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

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

Production Interval _____



CHARGE TO: *V I I*

ADDRESS

CITY, STATE, ZIP CODE

RECEIVED
NOV 12 2003
KCC WICHITA

TICKET

5697

PAGE 1 OF 1

APL 15-065-22728-00-00 ORIGINAL

SERVICE LOCATIONS 1. <i>1007512</i>	WELL/PROJECT NO. <i>A-2</i>	LEASE <i>Holly</i>	COUNTY/PARISH <i>Graham</i>	STATE <i>KS</i>	CITY	DATE <i>8-13-03</i>	OWNER <i>Sarc</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>N/A</i>	SHIPPED VIA <i>KCC</i>	DELIVERED TO <i>S.E. Mustard</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>4/3</i>	WELL PERMIT NO.		WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE	105				2.50	175.00
578					Pump charge	1	EA				12.00
281					mud pit	50	100				300.00
221					Liquid KCC	2	60				32.00
407					Black hole	1	EA	5/8 in			230.00
402					Butter knife	5	EA			44.00	220.00
403					Panel Barrels	2	EA			125.00	250.00
406					Patch Down Plug & Collar	1	EA				200.00
330					5mb cat	450	SECS			9.75	4387.50
276					Flare	113	162			70	101.70
531					Crack in Service check	450					450.00
501					Front End Drayage	1564	61	T.M		85	1329.92

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*

DATE SIGNED: *8-13-03* TIME SIGNED: *1:00* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				8882 12
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *[Signature]* APPROVAL: _____

Thank You!

API. 15-065-2299B-00-00

SWIFT Services, Inc.

ORIGINAL

DATE 8-13-03 PAGE NO.

JOB LOG

CUSTOMER V.I.F. WELL NO. B-A LEASE Holley JOB TYPE L/S TICKET NO. 5677

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:50							ON LOC
	13:00							ST used 14" 5/8" CS6
								Run float shoe, Latch Down Poffle
								Cent Collars 1, 3, 5, 9, 57
								Pack in on 9, 57
								T.D. 4035
								S.S. 11
								Run 4035' pipe w/ Landing St.
								CS6 on bottom end of mud
								flush air
								Play Puffalo
		6	12 ^{BBL}					Pump 500 mud/mix
			20 ^{BBL}					20 BBL Chix mix
			193 ^{BBL}					350 SKS 5mD 1/4" Fhos at 11.2 #
			22 ^{BBL}					100 SKS 5mD 1/4" Fhos at 14 #
								fluid mix CNT was not PC
		6						Release Latch Down Play & ST DIS
		4	72 ^{BBL}				1400	Play Down CNT DIS end TOP
								APPROX 30 SKS
								Release PSI Fhos
	17:00							Job complete

KANSAS CORPORATION COMMISSION

NOV 12 2003

RECEIVED

ALLIED CEMENTING CO., INC.

Federal Tax I.D.# XXXXXXXXXX

ORIGINAL
SERVICE POINT: _____

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

API. 15-065-22928-00-00

DATE <i>9-2-03</i>	SEC. <i>4</i>	TWP. <i>8E</i>	RANGE <i>24</i>	CALLED OUT	ON LOCATION <i>6:45 AM</i>	JOB START	JOB FINISH
LEASE <i>Holley</i>		WELL # <i>8-2</i>	LOCATION <i>Midland 15-35</i>			COUNTY <i>Beckham</i>	STATE <i>OK</i>
OLD OR NEW (Circle one)							

CONTRACTOR <i>John D. Co. #</i>	OWNER <i>Same</i>
TYPE OF JOB <i>Workover</i>	
HOLE SIZE _____ T.D. <i>9100'</i>	CEMENT AMOUNT ORDERED <i>150 sacks</i>
CASING SIZE _____ DEPTH <i>716'</i>	<i>3400 - 3421</i>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <i>5'</i>	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT <i>1730 120</i>	_____ @ _____

EQUIPMENT

PUMP TRUCK # <i>10</i> CEMENTER <i>John</i>	HANDLING _____ @ _____
# <i>10</i> HELPER <i>John</i>	MILEAGE _____
BULK TRUCK # <i>315</i> DRIVER <i>James</i>	
BULK TRUCK # _____ DRIVER _____	

RECEIVED TOTAL _____
NOV 12 2003

REMARKS: KCC WICHITA SERVICE

<p><i>Checked Job Done ✓</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>DEPTH OF JOB _____</p> <p>PUMP TRUCK CHARGE _____</p> <p>EXTRA FOOTAGE _____ @ _____</p> <p>MILEAGE <i>2000</i> @ _____</p> <p>PLUG <i>2 1/2" 90 1/2"</i> @ _____</p> <p>_____ @ _____</p> <p>_____ @ _____</p>
---	--

TOTAL _____

CHARGE TO: *at V.I.T. natural Resources*

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

TOTAL _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]*

PRINTED NAME _____