

**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 # 31930
 Name: BlueRidge Petroleum Corporation
 Address: P.O. Box 1913
 City/State/Zip: Enid, OK 73702-1913
 Purchaser: NCRA
 Operator Contact Person: Jonathan Allen
 Phone: (580) 242-3732
 Contractor: Name: Wild West Well Service, Inc.
 License: 32592
 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: Energy Reserves Group
 Well Name: Soeken #8
 Original Comp. Date: 1/8/80 Original Total Depth: 3353
 _____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 Plug Back 3254 Plug Back Total Depth _____
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>8/26/03</u> | <u>9/5/03</u> | <u>9/17/03</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

**RECEIVED
DEC 01 2003
KCC WICHITA**

API No. 15 - 009-21719-00-01
 County: Barton
C NE NW Sec. 22 Twp. 17 S. R. 11 East West
660 feet from S N (circle one) Line of Section
1980 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Soeken Well #: 8
 Field Name: Kraft-Prusa
 Producing Formation: Lansing
 Elevation: Ground: _____ Kelly Bushing: 1835
 Total Depth: 3353 Plug Back Total Depth: 3254
 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.

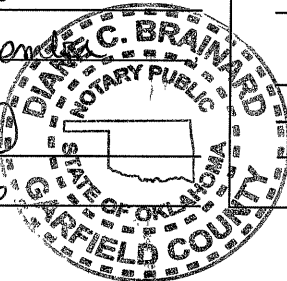
Drilling Fluid Management Plan Workover or 12-4-03
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ 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: Jonathan Allen
 Title: President Date: 11/25/03

Subscribed and sworn to before me this 25th day of November
 20 03.
 Notary Public: Diane C. Brainard
 Date Commission Expires: April 23, 2004
#02007155



KCC Office Use ONLY

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

Operator Name: BlueRidge Petroleum Corporation Lease Name: Soeken Well #: 8
 Sec. 22 Twp. 17 S. R. 11 East West County: Barton

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

KANSAS CORPORATION COMMISSION
DEC 01 2003
RECEIVED

| 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 | # Sacks Used | Type and Percent Additives |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 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 | 3178-80 | 600 gal 15% MCA / 1000 gal 28% NEFE | |
| | | 500 gal 15% MCA | |
| 4 | 3146-50 | 900 gal 15% MCA | |
| | | | |
| | | | |

| | | | | |
|---------------|-----------------------|-------------------------|----------------------------|--|
| TUBING RECORD | Size 2-7/8" | Set At 3,232' | Packer At 3,058' | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|-----------------------|-------------------------|----------------------------|--|

| | |
|--|---|
| Date of First, Resumerd Production, SWD or Enhr. 9/17/03 | 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. 2 | Gas Mcf | Water Bbls. 10 | Gas-Oil Ratio | Gravity 36.5 |
|-----------------------------------|-----------------------|---------|--------------------------|---------------|------------------------|

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, Submit ACO-18.) Other (Specify) _____