

SEP 21 2004

WELL COMPLETION FORM

CONSERVATION DIVISION
WICHITA, KS WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

Operator: License # 3842
Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC.
Address: 562 WEST HIGHWAY 4
City/State/Zip: OLMITZ, KS 67564-8561
Purchaser: GARY-WILLIAMS ENERGY CORPORATION
Operator Contact Person: TOM LARSON
Phone: (620) 653-7368
Contractor: Name: PETROMARK DRILLING, LLC
License: 33323
Wellsite Geologist: RICHARD S. DAVIS JR.

API No. 15 - 159-22419-0000
County: RICE
70°W N/2 NW SE Sec. 29 Twp. 18 S. R. 9 East West
2310 feet from SOUTH Line of Section
2050 feet from EAST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: BEHNKE Well #: 1-29
Field Name: WILDCAT
Producing Formation: ARBUCKLE
Elevation: Ground: 1723' Kelly Bushing: 1729'
Total Depth: 3330' Plug Back Total Depth: 3278'
Amount of Surface Pipe Set and Cemented at 305 Feet
Multiple State 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 _____ 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.: _____

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. _____

5/31/2004 6/5/2004 7/23/2004
Spud Date or Date Reached TD Completion Date or Recompletion Date

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South 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 on 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: Thomas A Fernal

Title: SR. GEOLOGIST Date: 9-20-04

Subscribed and sworn to before me this 20TH day of SEPTEMBER

2004.

Notary Public: Laura E. Alarid

Date Commission Expires: 03/28/2005

LAURA E. ALARID
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires _____

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