

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE ORIGINAL

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: 1006 SW Blvd, PO Box 397
City/State/Zip: Madison, KS 66860
Purchaser: SemGroup
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co., Inc.
License: 30567
Wellsite Geologist: William Stout

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. _____
7-14-05 7-19-05 7-19-05
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 073-24014 00-00
County: Greenwood
NE-S.E-SW-SW Sec. 22 Twp. 23 S. R. 11 East West
440 feet from S / N (circle one) Line of Section
4180 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Carver Well #: 2

Field Name: Seeley-Wick

Producing Formation: Bartlesville

Elevation: Ground: 1155' Kelly Bushing: NA

Total Depth: 2028' Plug Back Total Depth: 2010'

Amount of Surface Pipe Set and Cemented at 100 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.

ALT I WITHM 6-27-06

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used Vacuum Truck

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: Adolph Schankie, Sec.

Title: Secretary Date: 6-22-06

Subscribed and sworn to before me this 22nd day of June

Notary Public: Carol R. Bolen

Date Commission Expires: 1-9-2009



KCC Office Use ONLY

Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received **RECEIVED**

Geologist Report Received **JUN 23 2006**

UIC Distribution **KCC WICHITA**

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 5495
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-05	1309	Carver #2	22	23S	11E	Greenwood
CUSTOMER Shankie Well Service			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 397			463	Alan		
CITY Madison			441	Scott		
STATE Ks			440	Calin		
ZIP CODE 66860			452/T63	Jim		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 2028' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 2026' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13" - 14" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 31.4 DISPLACEMENT PSI 700PSI ~~1200PSI~~ Bump Plug to 1200PSI RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/ 10 Bbl. Mixed 125 sks 60/40 Poz-mix 6% Gel, 1/4" Floccle per/sk. + 125 sks Regular Class "A" Cement w/ 4" Kol-Seal, 2% Gel, + 1% Caloz. Shut down. Washed out Pump + lines. Released Plug. displaced w/ 31.4 Bbl Fresh water. Final Pump Pressure 700 PSI. Bump Plug to 1200 PSI. Good Cement Returns to surface = 15 Bbl Slurry.

Note: Rotated casing during Job. Lost circulation once for short amount of time

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	765.00	765.00
5406	20	MILEAGE	250	50.00
1131	125 sks	60/40 Poz-mix	8.00	1000.00
1118 A	13 sks	Gel 6%	6.63	86.19
1107	1 1/2 sks	Floccle 1/4" per/sk	42.75	64.13
1104	125 sks	Regular-class A Cement	9.75	1218.75
1118 A	5 sks	Gel 2%	6.63	33.15
1102	2 sks (200#)	CaCl ₂ 1%	.61	122.00
1110 A	10 sks	Kol-Seal 4" per/sk.	16.90	169.00
5407 A	11.5 Ton	20-miles - Bulk Truck	.92	211.60
5502 C	3 hrs	Transport	88.00	264.00
1123	6000 gal	City Water	12.20	73.20
5611	1	Rental on Rotating head	50.00	50.00
4404	1	Top Rubber Plug 4 1/2"	38.00	38.00
4156	1	4 1/2" Float shoe + Flapper Valve	123.00	123.00
			6.3%	SALES TAX
				ESTIMATED TOTAL
				4272.80

RECEIVED
 JUN 23 2006
 KCC WICHITA

AUTHORIZATION _____ TITLE _____ DATE _____
 198460