

OCT 29 2001
10-29-01
KCC WICHITA

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

COPY

Operator: License # 7383
Name: Grady Bolding Corporation
Address: 114 No. Main - P. O. Box 486
City/State/Zip: Ellinwood, KS. 67526
Purchaser: Lumen Energy / N.C.R.A.
Operator Contact Person: Grady Bolding
Phone: (620) 564-2240
Contractor: Name: _____

License: _____

Wellsite Geologist: _____

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: same

Well Name: Mauler #1

Original Comp. Date: _____ Original Total Depth: _____

____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD

Plug Back 3400 Plug Back Total Depth

____ Commingled Docket No. _____

____ Dual Completion Docket No. _____

____ Other (SWD or Enhr.?) Docket No. _____

2/19/01 3/4/01 8/15/01

Spud Date or Date Reached TD Completion Date or Recompletion Date

KCC w/hw/OPK

API No. 15 - 009247010001

County: Barton

NE SE NE Sec. 20 Twp. 19 S. R. 14 East West

3630 feet from S / N (circle one) Line of Section

330 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Mauler Well #: 1

Field Name: _____

Producing Formation: Kansas City

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 3606 Plug Back Total Depth: 3400

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 cmnt.

Drilling Fluid Management Plan owwo 11/7/01 JB
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbis

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: [Signature]

Lyle L. Gunn

Title: _____ Date: 10/24/01

Sec. Treas.

Subscribed and sworn to before me this 24 day of October 2001

Notary Public Jenny Kasselmann



Date Commission Expires: July 16, 2002

KCC Office Use ONLY

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

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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

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	# Sacs Used	Type and Percent Additives

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 <i>(Amount and Kind of Material Used)</i>	Depth
	3400 CIBP		
2	3211-3214	Squeezed with 100 sacks	
2	3211-3214	250 Gal. Mud Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr. 9/1/01 Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	45	20			38 ⁰

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____