

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

Operator: License # 32912  
Name: Carroll Energy, LLC  
Address: 2198 Valley High Dr  
City/State/Zip: Independence, KS 67301  
Purchaser: Dart Energy  
Operator Contact Person: Terry Carroll  
Phone: (620) 331-7166  
Contractor: Name: James D. Lorenz  
License: 9313  
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: \_\_\_\_\_  
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. \_\_\_\_\_

<u>6/17/04</u>	<u>6/18/04</u>	<u>7/8/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - ~~205-25019-0000~~ 25820-00-00  
County: Wilson

NW SE SW Sec. 31 Twp. 29 S. R. 15  East  West  
960 feet from (S) / N (circle one) Line of Section  
3600 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (E) NW SW  
Lease Name: Merle Richardson Well #: C-1  
Field Name: Fredonia

Producing Formation: Coals  
Elevation: Ground: 850 838 Kelly Bushing: 838 850  
Total Depth: 1210 Plug Back Total Depth: 1205

Amount of Surface Pipe Set and Cemented at \_\_\_\_\_ Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set N/A Feet  
If Alternate II completion, cement circulated from 1205  
feet depth to Surface w/ 150 sx cmt.  
*WILL WITHIN 12-8-04*

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls  
Dewatering method used N/A  
Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: N/A  
Lease Name: N/A License No.: N/A  
Quarter N/A Sec. N/A Twp. N/A S. R. N/A  East  West  
County: N/A Docket No.: N/A

**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: \_\_\_\_\_  
Title: Operating Manager Date: 10-11-04  
Subscribed and sworn to before me this 11 day of October,  
2004.  
Notary Public: \_\_\_\_\_  
Date Commission Expires: \_\_\_\_\_

**TIM CARROLL**  
Notary Public - State of Kansas  
My Appt. Expires 9-20-2005

**KCC Office Use ONLY**

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

Operator Name: Carroll Energy, LLC Lease Name: Merle Richardson Well #: C-1  
 Sec. 31 Twp. 29 S. R. 15  East  West County: Wilson

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Radioactivity, Dual Induction, High Resolution Compensated Density</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum  Pink 750 Lime Oswego 814 Lime Mulky 852 Shale  Mississippi 1150 Lime
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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
Surface	11"	8 5/8	32	20'	Port	4	
Production	6 3/4	4 1/2	9.5	1205'	Port	150	OWC

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
2	3 1/8" Slick Tag Gun 834'-842'	70 sx 20/40 Frac Sand	834'-842'
2	3 1/8" Slick Tag Gun 852'-858'	70 sx 20/40 Frac Sand	852'-858'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 3/8	900	N/A		
Date of First, Resumerd Production, SWD or Enhr. 7/15/04			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	
		20	50			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	

