

CONFIDENTIAL

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

CONFIDENTIAL

Operator: License # 33366
Name: Charles D. Roye
Address: P.O. Box 191
City/State/Zip: Girard, KS 66743
Purchaser: Unimark
Operator Contact Person: Marvin J. Strobel
Phone: (620) 362-4906
Contractor: Name: MOKAT Drilling
License: 5831
Wellsite Geologist: Thomas A. Oast

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: _____
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. _____
3/12/04 3/13/04 3/26/04
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 037-21615-00-00
County: Crawford
C N/2 SE Sec. 14 Twp. 28 S. R. 23 East West
1330 feet from (S) / N (circle one) Line of Section
2300 feet from (E) / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Anderson Well #: 2
Field Name: Farlington Oil and Gas
Producing Formation: Bartlesville
Elevation: Ground: 1055 Kelly Bushing: _____
Total Depth: 665 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 24 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 665
feet depth to surface w/ 108 sx cmt.
ALT II W/ M 2-5-07

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.: _____

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: Charles D. Roye
Title: Operator Date: 2/1/05
Subscribed and sworn to before me this 1 day of Feb. 2005
20 _____
Notary Public: James R. Ward
Date Commission Expires: August 15, 2007

KCC Office Use ONLY

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

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FEB 07 2005
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Operator Name: Charles D. Roye Lease Name: Anderson Well #: 2
 Sec. 14 Twp. 28 S. R. 23 East West County: Crawford

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: Gamma Ray/Neutron Cement Bond Dual Induction Compensated Density	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Pawnee Lime</td> <td>86</td> <td></td> </tr> <tr> <td>Oswego Lime</td> <td>182</td> <td></td> </tr> <tr> <td>Mulky Shale</td> <td>200</td> <td></td> </tr> <tr> <td>Mineral Coal</td> <td>322</td> <td></td> </tr> <tr> <td>Bartlesville</td> <td>544</td> <td></td> </tr> <tr> <td>Riverton Coal</td> <td>612</td> <td></td> </tr> <tr> <td>Mississippi Chat</td> <td>616</td> <td></td> </tr> <tr> <td>T.D.</td> <td>665</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Pawnee Lime	86		Oswego Lime	182		Mulky Shale	200		Mineral Coal	322		Bartlesville	544		Riverton Coal	612		Mississippi Chat	616		T.D.	665	
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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 ^{1/2} "	8.625"	24#	24	common	6	
Production	6.75"	4.5"	10.5#	665		108	

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 (Amount and Kind of Material Used)	Depth
4	544-547 and 556.5 - 559.5	400 gal. 15% acid	same

TUBING RECORD		Size	Set At	Packer At	Linor Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>waiting on pipeline</u>			Producing Method <input type="checkbox"/> Flowing <input 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
		35			

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

LOWE'S

MUSKOGEE, OK
(918) 686-8800

-SALE-

SALES #: SD124TG2 77822 02-27-04
TER: 001257 SUGGS, RUSSELL

10352 CEMENT PORTLAND 9 575.40
105 @ 5.48
99898 CHARGEABLE PALLET 30.00
3 @ 10.00

SUBTOTAL: 605.40
TAX 38010 : 0.00
INVOICE 53655 TOTAL: 605.40

BALANCE DUE: 605.40

LCC : 605.40

LCC XXXXXXXXXXXX9905 901633
AMOUNT: 605.40

0124 TERMINAL: 53 02/27/04 14:48:35



THANK YOU SUGGS, RUSSELL
FOR SHOPPING LOWE'S

RECEIPT REQUIRED FOR CASH REFUND.
CHECK PURCHASE REFUNDS REQUIRE
15 DAY WAIT PERIOD FOR CASH BACK.
STORE MGR: KIRK ARNOLD

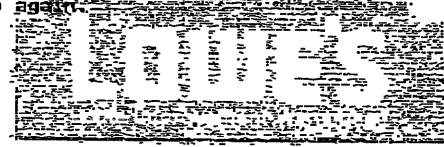
WE HAVE THE LOWEST PRICES, GUARANTEED!
IF YOU FIND A LOWER PRICE, WE WILL
BEAT IT BY 10%. SEE STORE FOR DETAILS

Account Number	Billing Date	Payment Due Date	Days in Billing Period
822 2210 216990 5	03-12-04	04-07-04	28

Date	Reference Number	Description	Amount
		CREDIT LINE	\$1600
02-27	53655	STORE 0124 MUSKOGEE,OK,ADMINISTRATIVE ITEMS, CEMENT/MASONRY - PORTLAND & MORTAR.	605.40

Please note: A copy of the privacy policy that applies to your account is enclosed for your information and review. If you previously exercised your choice under the policy, you need not do so again.

REG = REGULAR PURCHASE PLAN



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Low's stores have over 250 appliances in stock, with all the brand names you count on. Take it home today! Or, if you can't take it with you... We'll deliver it tomorrow, 7 days a week!

Plan	Previous Balance	Payments & Credits	FINANCE CHARGE	Purchases	Insurance & Debits	New Balance	Minimum Payment
REG	.00	.00	.00	605.40	.00	605.40	17.00
TOTAL	.00	.00	.00	605.40	.00	605.40	17.00

Plan	The finance charge is determined by applying a periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To that part of the balance subject to finance charge up to	And a periodic rate of	Which is an ANNUAL PERCENTAGE RATE of	To that part of the balance in excess of	If plan involves a finance charge balance subject to finance charge for this billing is	Such balance was determined (as explained on reverse side) by Method 1
REG	.05754% DAILY	21.00%	ENTIRE BALANCE					

PAYMENT DUE BY 5 P.M. ON THE DUE DATE. Purchases, returns, and payments made just prior to billing date may not appear until next month's statement. Unless promotions call for special terms, additional finance charges can be avoided if we receive the new balance by 5 p.m. on the due date. If you send us a check or other form as payment for all or any portion of this billing statement, and that check or item is returned to us as unpaid for insufficient or uncollected funds, you agree that we may obtain payment for the check or item by making an ACR (electronic) debit to your account in the amount of the check or item. Your check or item will not be returned to you by us or your bank.

INQUIRIES:
Send inquiries (not payment) and your account number to:
PO BOX 103080
ROSWELL, GA 30076

CUSTOMER SERVICE:
For account information call toll free:
(800)444-1408

PAYMENTS:
Send payments to:
PO BOX 105980 DEPT.79
ATLANTA GA 30353-5980

NOTICE: See reverse side for important Billing Rights and other information.

Telephoning about billing errors will not preserve your rights under federal law. To preserve your rights, please write to the Billing Rights Summary Address on reverse side.



CONSOLIDATED
OIL WELL
SERVICES
AN INFINITY COMPANY

TICKET NUMBER **24236**

211 W. 14TH STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Chanute

FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
3/16/04	3056	Anderson #1					Crawford	
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				
Galaxy Energy								
211 E Forest Ave P.O. Box 191								
Girard KS 66743								

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5401	1st well	PUMP CHARGE Cement Pump		525
1118	4 sacks	Prem Gel 2 Ahead of Job 2 In load		47.20
1111	217 #	Salt		54.25
1110	11 sacks	Gilsonite		213.40
1107	1 sock	Fb Seal		37.75
4404	1	4 1/2 Rubber Plug		27.00
5407	40 mi	BLENDING & HANDLING TON-MILES Delivery STAND BY TIME MILEAGE		190
5502	3 hr	WATER TRANSPORTS VACUUM TRUCKS FRAC SAND		225.00
7124	108	CEMENT 50/50 Poz mix		712.80
				68.82

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SALES TAX

Ravin 2790

ESTIMATED TOTAL 2101.22

CUSTOMER or AGENTS SIGNATURE _____ CIS FOREMAN Dwayne

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE _____

189312