

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form AGG-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33019
Name: Rosewood Resources Inc.
Address: 2711 N. Haskell Ave., Suite 2800, LB 22
City/State/Zip: DALLAS, TX 75201
Purchaser: _____
Operator Contact Person: Steven VonFeldt
Phone: (214) 756-6679
Contractor Name: Excell Drilling Company
License: 8273
Wellsite Geologist: Steven VonFeldt

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>10/04/2004</u>	<u>10/14/2004</u>	<u>10/15/2004</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-20566-00-00
County: Cheyenne
 NW SE Sec. 23 Twp. 3 S. R. 41 East West
223.1 feet from (S) N (state one) Line of Section
2012 feet from (E) W (state one) Line of Section

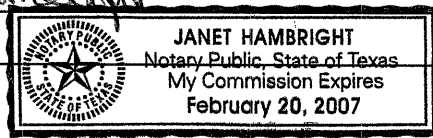
Footages Calculated from Nearest Outside Section Corner:
(state one) NE (SE) NW SW
Lease Name: Isentlagen Well #: 3-23
Field Name: Cherry Creek
Producing Formation: NIOBRARA
Elevation: Ground: 3402' Kelly Bushing: 3414'
Total Depth: 5165' Plug Back Total Depth: 3245'
Amount of Surface Pipe Set and Cemented at 177 @ 168 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set DV tool @ 1430' Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
ALT I WHM 17-20-06

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 5000 ppm Fluid volume 220 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: **RECEIVED**
KANSAS CORPORATION COMMISSION
Operator Name: _____
Lease Name: _____ License No. OCT 11 2005
Quarter _____ Sec. _____ Twp. _____ S. East West
County: _____ Docket No.: **CONSERVATION DIVISION**
WICHITA, KS

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: Donna Harris
Title: Reservoir Engineer Date: 10-7-2005
Subscribed and sworn to before me this 7th day of October,
2005.
Notary Public: Janet Hambright
Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
10-10-05 TIC Distribution fm

Side Two

Operator Name: Rosewood Resources Inc. Lease Name: Isernhagen Well #: 3-23
 Sec. 23 Twp. 3 S. R. 41 East West County: Cheyenne

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Beecher Island	1200'	KB
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Carlisle	1790'	KB
List All E. Logs Run:		Morrison	2630'	KB
		Stone Corral	3170'	KB
		Topeka	4070'	KB
		Lansing J	4410'	KB
		Morrow	4980'	KB
		Mississippi	5090'	KB

Platform Express Resistivity, Porosity, Density;
ML-GR; BHC-Sonic-GR

CASING RECORD <input checked="" 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"		189'	Neat	92	
Production	7-7/8"	4-1/2"	10.5	3274'	Type 3	290	stage 1
DV Tool				1430'	Type 3	300	stage 2

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>	
		Amount	Depth
		RECEIVED KANSAS CORPORATION COMMISSION OCT 11 2005 CONSERVATION DIVISION WICHITA, KS	

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.			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	

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 _____

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223
Phone: 307-682-9044
Fax: 307-682-9056
E-mail: bisonoil@vcrr.com



3245

LOCATION Cheyenne City

FOREMAN Chad Reynolds

TREATMENT REPORT

DATE <u>10-4-04</u>	CUSTOMER ACCT # <u>Excell</u>	WELL NAME <u>Excell #3</u>	OTR/QTR	SECTION <u>23</u>	TWP <u>35</u>	RGE <u>41W</u>	COUNTY <u>Cheyenne</u>	FORMATION
CHARGE TO <u>Excell</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR <u>Excell #3</u>				
STATE				DISTANCE TO LOCATION				
ZIP CODE				TIME ARRIVED ON LOCATION: <u>7:30</u>				
TIME ARRIVED ON LOCATION: <u>7:30</u>				TIME LEFT LOCATION: <u>09:50</u>				

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KANSAS CORPORATION COMMISSION
OCT 11 2005
CONSERVATION DIVISION
WICHITA, KS

WELL DATA

HOLE SIZE: 11
TOTAL DEPTH: 300 SURF. CSG
CASING SIZE: 8 7/8
CASING DEPTH: 189
CASING WEIGHT: 94 #
CASING CONDITION: good
TUBING SIZE
TUBING DEPTH
TUBING WEIGHT
TUBING CONDITION
PACKER DEPTH
PERFORATIONS
SHOTS/FT
OPEN HOLE
TREATMENT VIA

TYPE OF TREATMENT

<input checked="" type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS OSSM MERU 8:40 OSSM 9:00 Cure 7 BBL H₂O: 9:04 MID
92.6k 15 B/S - 1.18 Yield - 56.1k - F. 3 BBL of slurry 09:11 Disp 10.7 BU H₂O
09:13 Plug Down 09:20 PLDMD

3 BBL

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi	<u>200</u>
FINAL DISPLACEMENT	psi	<u>200</u>
ANNULUS	psi	
MAXIMUM	psi	<u>Mix 300</u>
MINIMUM	psi	
AVERAGE	psi	
ISIP	psi	
5 MIN SIP	psi	
15 MIN SIP	psi	

TREATMENT RATE

BREAKDOWN BPM	
INITIAL BPM	<u>3</u>
FINAL BPM	<u>4</u>
MINIMUM BPM	<u>1/2</u>
MAXIMUM BPM	<u>4</u>
AVERAGE BPM	<u>4</u>

HYD HHP = RATE X PRESSURE X 40.8

AUTHORIZATION TO PROCEED

TITLE

DATE

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223
 Phone: 307-682-9044
 Fax: 307-682-9056
 E-mail: bisonoil@vcr.com



3262

LOCATION St Francis
 FOREMAN Chad Reynolds

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-15-04		Irsentzen 3-23		23	3	41	Cheyenne	
CHARGE TO <u>Rosewood</u>				OWNER RECEIVED				
MAILING ADDRESS				OPERATOR KANSAS CORPORATION COMMISSION				
CITY				CONTRACTOR <u>Excell #3</u> OCT 11 2005				
STATE				DISTANCE TO LOCATION CONSERVATION DIVISION				
TIME ARRIVED ON LOCATION <u>11:00</u>				TIME LEFT LOCATION <u>1850</u> WICHITA, KS				

WELL DATA	
HOLE SIZE	<u>7 7/8"</u>
TOTAL DEPTH	<u>5165'</u>
CASING SIZE	<u>4 1/2"</u> PROD. CSG
CASING DEPTH	<u>3262'</u>
CASING WEIGHT	<u>11.6#</u>
CASING CONDITION	<u>Good</u>
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	<u>DV - 1447'</u>
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	<u>Casing</u>

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS 15:00 MIRU 15:20 OSSM 15:30 Pressure Check 15:36 Circ 10 BBLs PGLY 20 BBLs BSAP-10 BBLs BFOM @ 15-18 MIP 290 sks @ 15/16 gal - 1.18 Yield - 5 gal/sk. 60.9 BBLs of slurry, 16:10 Drop plug 16:20 Disp 50.25 BBLs H₂O (Pumped 1.5 BBLs Extra as per Term) Plug would not Hold psi - But Float Held, 16:35 Dropped "Bomb", 16:50 Circ 10 BBLs BCLY 20 BBL BSAP-10 BBLs BFOM, 17:05 MIP 300 sks @ 15/16 gal, 17:30 Dropped Plug 17:39 Disp 22.4 BBLs H₂O 17:45 Plug Down, 17:50 Release psi - DV Held, 18:00 MIP 335 sk @ 15/16 gal to plug Rat & Mouse Hole, 18:30 RDMO.

PRESSURE SUMMARY			
	1st		2nd
BREAKDOWN or CIRCULATING	200	psi	200
FINAL DISPLACEMENT	500	psi	1000
ANNULUS		psi	
MAXIMUM	Mix @ 400	psi	500
MINIMUM	120-500	psi	800
AVERAGE	120-500	psi	800
ISIP	30-600	psi	
5 MIN SIP	40-800	psi	
15 MIN SIP	50-1000	psi	

TREATMENT RATE	
BREAKDOWN BPM	2
INITIAL BPM	3
FINAL BPM	2
MINIMUM BPM	1 1/2
MAXIMUM BPM	6 1/2
AVERAGE BPM	4 1/2
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED [Signature] TITLE Company Man DATE 10-15-04



P.O. Box 2223
Gillette, WY 82717-2223

O.C. Tailgate Safety Meeting Report

INVOICE 3262

Date 10-15-04 Time 15:20 AM PM Meeting Facilitator Chad Reynolds
Facility Name and Location Learthagen Work to be Undertaken LS
Nearest Emergency Medical Service Number (Other than 911) _____

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

- Hard Hat Safety Glasses w/sideshields Safety Toed Footwear Personal Methane Monitor Verify Safety Training
- Flame Resistant Clothing New on Job Review Onsite Orientation Other (specify) _____

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Positions of People | <input checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input checked="" type="checkbox"/> Hazardous Substance |
| <input type="checkbox"/> Falling from Heights | <input checked="" type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input type="checkbox"/> Slips/Trips/Falls | <input checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input checked="" type="checkbox"/> Walking/Working Surfaces |
| <input checked="" type="checkbox"/> Extreme Heat/Cold | <input type="checkbox"/> Trapped Pressure | <input checked="" type="checkbox"/> Noise Levels |
| <input type="checkbox"/> Electrical Current | <input checked="" type="checkbox"/> Flammable/Combustible/Explosives | <input checked="" type="checkbox"/> Sharp Edges |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input checked="" type="checkbox"/> Insects/Snakes/etc. |
| <input type="checkbox"/> Spills/Releases | <input type="checkbox"/> Waste Handling/Disposal | <input checked="" type="checkbox"/> MSDS's Reviewed |
| <input checked="" type="checkbox"/> Flying Particles | <input checked="" type="checkbox"/> Excavation Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered: _____

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes: _____

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 11 2005
CONSERVATION DIVISION
WICHITA, KS

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223
 Gillette, WY 82717-2223
 Phone: 307-682-9044

SERVICE INVOICE

3262

WELL NO. AND FARM <i>Isernhagen 3-23</i>		COUNTY <i>Cheyenne</i>	STATE <i>KS</i>	DATE <i>10-15-04</i>
CHARGE TO <i>Rose wood</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR <i>Lyroll #3</i>
		DELIVERED TO <i>Loc</i>		LOCATION <i>1 Wray</i>
		SHIPPED VIA # <i>3101</i>		LOCATION <i>2 St. Fran.</i>
		TYPE AND PURPOSE OF JOB <i>L-S</i>		LOCATION <i>3 Wray</i>
				WELL TYPE <i>L-S</i>

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	C			
	Bison Note #	623	SKS		11345	00
	Bulk Delivery				360	00
	4 1/2" Cent	14	E	25.00	350	00
	4 1/2" Float - shoe	1	E		367	00
	4 1/2" Float - collar	1	E		326	70
	4 1/2" D-V Tool	1	E		3720	37
	4 1/2" Scratchers			No Charge		
	4 1/2" stop Ring	1	C		40	00
	4 1/2" Cement Basket	1	E		100	00
	BCLY	2	Gal	50.00	100	00
	BSSAP	300	Lbs	No Charge		
	B3FOM	1	Gal	50.00	50	00
RECEIVED KANSAS CORPORATION COMMISSION OCT 11 2005 CONSERVATION DIVISION WICHITA, KS						
		Total Weight	Loaded Miles	Ton Miles	16659	07

If this account is not paid within 30 days of invoice date a FINANCE CHARGE will be made. Computed at a single monthly rate of 1 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

Thanks

TAX REFERENCES

SUB TOTAL
 7.3% TAX

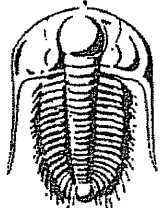
16659	07
1,216	11
17,875	18

TOTAL

SUBJECT TO CORRECTION

[Signature]
 Customer or His Agent

[Signature]
 Bison Oil Well Cementing, Inc Representative



TRILOBITE TESTING INC.

P.O. Box 362 • Hays, Kansas 67601

Shane # 620-874-1394

19060

05/03

Test Ticket

Well Name & No. <u>Iscnhagen # 3-23</u>	Test No. <u>#1</u>	Date <u>10-11-04</u>
Company <u>Rosewood Operating</u>	Zone Tested <u>'5"</u>	
Address <u>2711 Haskell Ave, Suite 2800 R#22 Dallas, TX</u>	Elevation <u>3414'</u> KB	<u>3402'</u> GL
Co. Rep / Geo _____	Cont. <u>Excell #3</u>	Est. Ft of Pay _____ Por. _____ %
Location: Sec <u>23</u> Twp <u>3</u> Rge <u>41</u> Co <u>Cheyenne</u> State <u>Ks</u>		
No. of Copies <u>Norm.</u> Distribution Sheet (Y, N) _____	Turnkey (Y, N) _____	Evaluation (Y, N) _____

Interval Tested <u>4444'</u>	<u>4500'</u>	Initial Str Wt /Lbs <u>65,000</u>	Unseated Str Wt/Lbs <u>66,000</u>
Anchor Length _____	<u>56'</u>	Wt. Set Lbs <u>30,000</u>	Wt. Pulled Loose/Lbs <u>85,000</u>
Top Packer Depth _____	<u>4439'</u>	Tool Weight <u>1500</u>	
Bottom Packer Depth _____	<u>4444'</u>	Hole Size 7 7/8" <input checked="" type="checkbox"/>	Rubber Size 6 3/4" <input checked="" type="checkbox"/>
Total Depth _____	<u>4500</u>	Wt. Pipe Run _____	Drill Collar Run <u>474'</u> XH
Mud Wt. <u>9.5</u> LCM <u>Ø</u> Vis. <u>93</u> WL <u>7.2</u>		Drill Pipe Size <u>4 1/2 XH</u>	Ft Run <u>390'</u>
Blow Description <u>1/2" in @ open, built to 5",</u>			

RECEIVED KANSAS CORPORATION COMMISSION

OCT 11 2005

No return
Surface blow in 7 min, built to 2" in.
No return

Recovery - Total Feet <u>250'</u>	GIP _____	Ft. in DC <u>250'</u>	Ft. in DP _____
Rec. <u>250'</u>	Feet of <u>M (L)</u>	%gas _____	%oil <u>75</u> %water <u>25</u> %mud _____
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
Rec. _____	Feet of _____	%gas _____	%oil _____ %water _____ %mud _____
BHT <u>141°</u>	°F Gravity _____	°API D @ _____	°F Corrected Gravity _____ °API _____
RW _____ @ _____ °F	Chlorides _____ ppm	Recovery _____	Chlorides <u>500</u> ppm System

CONSERVATION DIVISION WICHITA, KS

	AK-1	Alpine	Recorder No.	Test Y
(A) Initial Hydrostatic Mud	<u>2282</u> PSI	<u>2282</u> PSI	<u>6771</u>	<u>1000.00</u>
(B) First Initial Flow Pressure	<u>28</u> PSI	<u>28</u> PSI	(depth) <u>4445'</u>	Elec. Rec. Y _____
(C) First Final Flow Pressure	<u>76</u> PSI	<u>76</u> PSI	Recorder No. <u>2023</u>	Jars Y <u>200.00</u>
(D) Initial Shut-In Pressure	<u>1480</u> PSI	<u>1480</u> PSI	(depth) <u>4495'</u>	Safety Jt Y <u>50.00</u>
(E) Second Initial Flow Pressure	<u>79</u> PSI	<u>79</u> PSI	Recorder No. _____	Circ Sub <u>N/C</u>
(F) Second Final Flow Pressure	<u>138</u> PSI	<u>138</u> PSI	(depth) _____	Sampler _____
(G) Final Shut-In Pressure	<u>1478</u> PSI	<u>1478</u> PSI	Initial Opening <u>45</u>	Straddle _____
(Q) Final Hydrostatic Mud	<u>2229</u> PSI	<u>2229</u> PSI	Initial Shut-In _____	Ext. Packer _____

TRILOBITE TESTING INC. SHALL NOT BE LIABLE FOR DAMAGED OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE

Final Flow	<u>60</u>	Shale Packer	_____
Final Shut-In	<u>90</u>	Mileage Y <u>304 RT</u>	<u>\$258.40</u>
T-On Location	<u>02:00</u> A.M.	Sub Total:	<u>\$1508.40</u>
T-Started	<u>03:16</u> A.M.	Std. By <u>3h</u>	<u>90.00</u>
T-Open	<u>06:40</u> A.M.	Other	_____
T-Pulled	<u>10:55</u> A.M.	Total:	<u>\$1598.40</u>
T-Out	<u>14:25</u> P.M.		

Approved By [Signature]
Our Representative [Signature]



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Rosewood Operating

2711 N Haskell Ave
Suite 2800 LB #22
Dallas, Tx 75204
ATTN: Rosewood Oper

Isernhagen#3-23

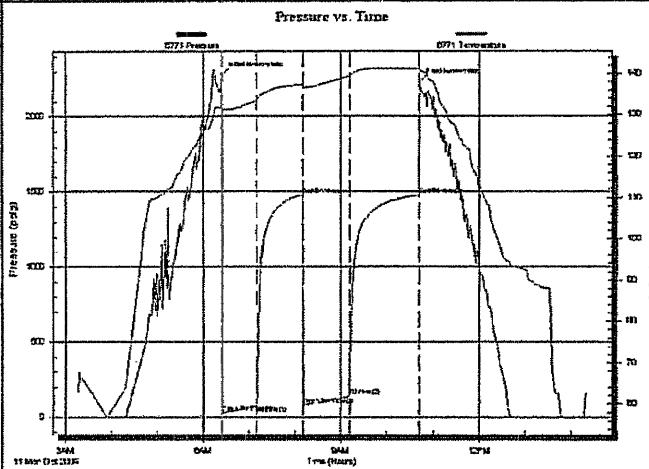
23-3-41 Cheyenne, Ks
Job Ticket: 19060 DST#: 1
Test Start: 2004 10 11 @ 03:16:37

GENERAL INFORMATION:

Formation: "J"
Deviated: No Whipstock ft (KB)
Time Tool Opened: 06:25:02
Time Test Ended: 14:20:02
Interval: **4444.00 ft (KB) To 4500.00 ft (KB) (TVD)**
Total Depth: 4500.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole
Tester: Shane McBride
Unit No: 25
Reference Elevations: 3414.00 ft (KB)
3402.00 ft (CF)
KB to GR/CF: 12.00 ft

Serial #: 6771 Inside
Press@RunDepth: 138.48 psig @ 4445.00 ft (KB) Capacity: 7000.00 psig
Start Date: 2004.10.11 End Date: 2004.10.11 Last Calib.: 2004.10.11
Start Time: 03:16:37 End Time: 14:20:02 Time On Btm: 2004.10.11 @ 06:24:32
Time Off Btm: 2004.10.11 @ 10:43:16

TEST COMMENT: 1/2" in @ open built to 5" in
No return
Surface blow in 7 min built to 2" in
No return



PRESSURE SUMMARY

Time (Min)	Pressure (psig)	Temp (deg F)	Annotation
0	2282.27	132.06	Initial Hydro-static
1	28.27	131.13	Open To Flow (1)
46	76.83	133.68	Shut-In (1)
106	1480.14	137.40	End Shut-In (1)
107	79.53	136.87	Open To Flow (2)
167	138.48	139.38	Shut-In (2)
258	1478.81	141.22	End Shut-In (2)
259	2229.30	141.06	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
250.00	m c w 25% m 75% w	1.23

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

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OCT 11 2005

Serial #: 6771

Inside Rosewood Operating

23-3-41 Cheyenne, Ks

DST Test Number: 1

