

**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

ORIGINAL

Operator: License # 5003
 Name: McCoy Petroleum Corporation
 Address: 8080 E Central, Suite 300
 City/State/Zip: Wichita, KS 67206
 Purchaser: Gas - KGS
 Operator Contact Person: Scott Hampel
 Phone: (316) 636-2737
 Contractor: Name: Sterling Drilling Co.
 License: 5142
 Wellsite Geologist: Dave Clothier

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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>05-22-04</u>	<u>5-29-04</u>	<u>7-29-04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 095-21881-00-00

County: Kingman

NE SE NW Sec. 9 Twp. 30 S. R. 9 East West

1650 feet from S (N) (circle one) Line of Section

2310 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW) Sw

Lease Name: Whitmer Y Well #: 1-9

Field Name: Spivey Grabs Basil

Producing Formation: Mississippian

Elevation: Ground: 1695' Kelly Bushing: 1704'

Total Depth: 4310' Plug Back Total Depth: 4263'

Amount of Surface Pipe Set and Cemented at 239 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.

Drilling Fluid Management Plan *ALT I W Am*

(Data must be collected from the Reserve Pit)

2-12-07

Chloride content 38,000 ppm Fluid volume 800 bbls

Dewatering method used Evaporation/Haul Free Fluids

Location of fluid disposal if hauled offsite: _____

Operator Name: Messenger Petroleum

Lease Name: Nicholas SWD License No.: _____

Quarter: _____ Sec. 20 Twp. 30 S. R. 8 East West

County: Kingman Docket No.: D-25,703

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: Scott Hampel

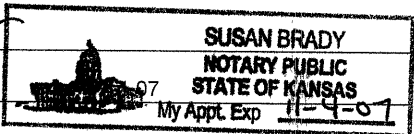
Title: Engineering/Production Mgr. Date: 8/4/04

Subscribed and sworn to before me this 4th day of August

20 04

Notary Public: Susan Brady

Date Commission Expires: _____



KCC Office Use ONLY

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

Operator Name: McCoy Petroleum Corp. Lease Name: Whitmer Y Well #: 1-9
 Sec. 9 Twp. 30 S. R. 9 East West County: Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: <u>Radiation Guard Log</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <hr/> Heebner 3422 (-1718) <hr/> Lansing 3643 (-1939) <hr/> Stark 4018 (-2314) <hr/> Cherokee 4248 (-2544) <hr/> Mississippian 4290 (-2586) <hr/> LTD 4308 (-2604)
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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	12 1/4"	8 5/8"	23#	239'	Pozmix	225	2% gel 3% cc
Production	7 7/8"	4 1/2"	10.5#	4297'	AA-2	125 sx	5% Calset 10% salt

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
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TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>4284'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>7-31-04</u>		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf <u>390</u>	Water Bbls.	Gas-Oil Ratio

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

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

Production Interval _____



INVOICE NO.
Date 5-22-04
Customer ID

Subject to Correction

FIELD ORDER 8304

Lease WHITMER Y Well # 1-9 Legal 9-30S-9W
County KINGMAN State KS Station PRATT
Depth 23 1/4 FT Formation Shoe Joint 15' CUSTOMER RIG
Casing 8 5/8 Casing Depth 239' TD 245' Job Type 8 5/8 Surface New Well
Customer Representative LANNY T. SEBA Treater

CHARGE

McCoy Petroleum Corp.

AFE Number PO Number

Materials Received by X *Lanny T. Seba*

Product Code	QUANTITY	MATERIAL, EQUIPMENT and SERVICES USED	UNIT PRICE	AMOUNT	ACCOUNTING	
					CORRECTION	AMOUNT
D-203	225 SKS	6x40 P02	-			
C-310	582 lbs	Calcium Chloride	-			
C-194	49 lbs	CELLPAXE	-			
F-163	1 EA	WOODEN PLUG 8 5/8	-			
E-100	45 mc	HEAVY VEH ME				
E-101	45 mc	P.4 ME				
E-104	437 TM	BULK DELIVERY				
E-107	225 SKS	CMT SERV. CHARGE				
R-200	1 EA	Pump CHARGE 6-300'				
R-701	1 EA	CMT HEAD RENTAL				
		DISCOUNTED PRICES & TAXES		3,371.89		

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