

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32754
Name: Elysium Energy, L.L.C.
Address: 1625 Broadway, Suite 2000
City/State/Zip: Denver, CO 80202
Purchaser: NCRA
Operator Contact Person: Chris Gottschalk
Phone: (785) 434-4638
Contractor: Name: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Ron Nelson

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Exploratory)

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. _____

3/31/03 4/3/03 4/28/03
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-23368-0000
County: Rooks
NE NE SE Sec. 2 Twp. 9 S. R. 19 East West
2235 feet from N (circle one) Line of Section
990 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE NW SW
Lease Name: Barry "A" Well #: 22
Field Name: Barry

Producing Formation: Arbuckle
Elevation: Ground: 1995' Kelly Bushing: 2003'
Total Depth: 3447' Plug Back Total Depth: 3445'
Amount of Surface Pipe Set and Cemented at 222.56 Feet
Multiple Stage Cementing Collar Used? Yes No

If Alternate II completion, cement circulated from 3446
feet depth to surface w/ 525 sx cmt.
Cement did circulate

Drilling Fluid Management Plan ALL UP 8-14-03
(Data must be collected from the Reserve Pit)
Chloride content 9000 ppm Fluid volume 320 bbls
Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

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8/5/03
AUG 05 2003

CONSERVATION DIVISION
WICHITA, KS

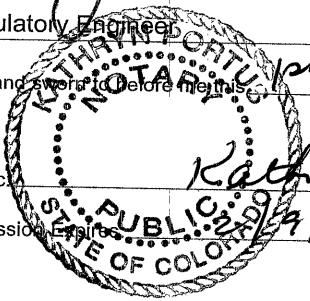
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: [Signature]
Title: Regulatory Engineer Date: 8/1/03

Subscribed and sworn to before me this August day of 2003.

Notary Public: Rachyn Parke
Date Commission Expires: 8/1/2005



KCC Office Use ONLY

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

Operator Name: Elysium Energy, L.L.C. Lease Name: Barry "A" Well #: 22
 Sec. 2 Twp. 9 S. R. 19 East West County: Rooks

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: DIL, GR, SP, CNL/CDL, Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr> <td>Topeka</td> <td>2924'</td> <td>-921</td> </tr> <tr> <td>Toronto</td> <td>3153'</td> <td>-1151</td> </tr> <tr> <td>LKC</td> <td>3172'</td> <td>-1169</td> </tr> <tr> <td>Arbuckle</td> <td>3417'</td> <td>-1414</td> </tr> </table>	Name	Top	Datum	Topeka	2924'	-921	Toronto	3153'	-1151	LKC	3172'	-1169	Arbuckle	3417'	-1414
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Arbuckle	3417'	-1414														

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	222.56'	Common	150	2%gel,3%CCI
Production	7-7/8"	5-1/2"	15.5	3446'	SMDC	350	11.2 ppg
					SMDC	175	14 ppg

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
4	3442-44'	250 gal 15% NE Acid	3442-44'
4	3420-26'		

TUBING RECORD		Size <u>2-7/8"</u>	Set At <u>3407'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>4/28/03</u>			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. <u>13</u>	Gas Mcf	Water Bbls. <u>315</u>	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)* METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 3420-3444'
 Other (Specify) _____



CHARGE TO: *Elysium*
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET No 5414

PAGE 1 OF 2

SERVICE LOCATIONS
 1. *Fluor* WELL PROJECT NO. *123* LEASE *Berry A* COUNTY/PARISH *Rock* CITY STATE *LA* DATE *4 4 03* OWNER *Spr. 2013*

2. TICKET TYPE SERVICE SALES CONTRACTOR *Discoson/Dolar* RIG NAME/NO. SHIPPED VIA *Truck* DELIVERED TO *Tr.* ORDER NO.

3. WELL TYPE *Oil* WELL CATEGORY *Development* JOB PURPOSE *Com. - 1/4" Frack - Cys* WELL PERMIT NO.

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
595		1					30	mi	2.25	75.00
513		1		MILEAGE "103	1	mi			1300.00	1,300.00
410		1		Pump Service	1	hr	5	hr	50.00	50.00
400		1		Two Plug	1	hr			100.00	100.00
403		1		Cable Shle	4	hr			195.00	500.00
402		1		Coilback	4	hr			44.00	176.00
401		1		Contribution	1	hr			130.00	130.00
381		1		Instr Plot Utlc	1	hr			19.00	19.00
281		1		RCL	1	hr			19.00	19.00
		1		Mud Plug	500	lb			60.00	300.00
		1		See Contribution						6,477.00

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 AUG 05 2003
 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START-OF WORK OR DELIVERY OF GOODS.

X *[Signature]* TIME SIGNED A.M. P.M.

DATE SIGNED

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 2973

TAX

TOTAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

ALLIED CEMENTING CO., INC. 13402

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: Russell

DATE <u>3-31-03</u>	SEC. <u>2</u>	TWP. <u>9</u>	RANGE <u>19</u>	CALLED OUT <u>4 w/ra</u>	ON LOCATION <u>6 w/ra</u>	JOB START	JOB FINISH <u>7:30 AM</u>
LEASE <u>Ruff</u>		WELL # <u>A 22</u>		LOCATION <u>202 ch 1E 4N</u>		COUNTY <u>...</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one)							

CONTRACTOR <u>...</u>		OWNER
TYPE OF JOB <u>...</u>		
HOLE SIZE <u>24</u>	T.D. <u>22</u>	CEMENT
CASING SIZE <u>23</u>	DEPTH <u>222</u>	AMOUNT ORDERED <u>150 lbs ... 28.60</u>
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	COMMON @
MEAS. LINE	SHOE JOINT	POZMIX @
CEMENT LEFT IN CSG. <u>15'</u>		GEL @
PERFS.		CHLORIDE @
DISPLACEMENT <u>13 bbls</u>		@
EQUIPMENT		@
PUMP TRUCK CEMENTER <u>R.L.</u>		@
# <u>172</u> HELPER <u>Pat</u>		@
BULK TRUCK		HANDLING @
# <u>213</u> DRIVER <u>R.L.</u>		MILEAGE RECEIVED @
BULK TRUCK		KANSAS CORPORATION COMMISSION @
#	DRIVER	

AUG 05 2003 TOTAL _____

REMARKS:

5 AM STA of 53' pump ...

Set c 222 in w 12.72 ...

3-2 pump plus w 13 bbls of water

Completed core. ✓

**CONSERVATION DIVISION
WICHITA, KS**

DEPTH OF JOB	_____
PUMP TRUCK CHARGE	_____
EXTRA FOOTAGE	@ _____
MILEAGE	@ _____
PLUG <u>1 ...</u>	@ _____
	@ _____
	@ _____

CHARGE TO: Flynn ... LLC

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL _____

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME _____