

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, 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, 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>6/9/03</u>	<u>6/13/03</u>	<u>6/30/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

RECEIVED
10/3/03
OCT 03 2003
KCC WICHITA

API No. 15 - 163-23377-0000
 County: Rooks
SE SE SW Sec. 2 Twp. 9 S. R. 19 East West
330 feet from 3 / 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: Barry "B" Well #: 14
 Field Name: Barry
 Producing Formation: Arbuckle
 Elevation: Ground: 2014' Kelly Bushing: 2022'
 Total Depth: 3471' Plug Back Total Depth: 3465'
 Amount of Surface Pipe Set and Cemented at 219.49 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 3468
 feet depth to surface w/ 500 sx cmt.
 Cement did not circulate. 6/25/03 Cement down backside w/200 sx SMDc.
 Drilling Fluid Management Plan See 11/03 10.13.03
 (Data must be collected from the Reserve Pit)
 Chloride content 13,000 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.: _____

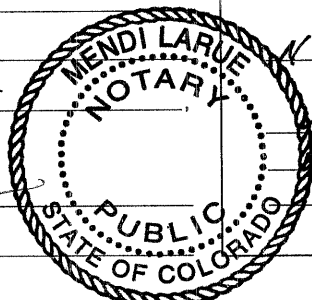
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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: 10/1/03
 Subscribed and sworn to before me this 1st day of October
10 2003.
 Notary Public: Mendi Larue
 Date Commission Expires: 8/26/06

KCC Office Use ONLY

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



My Commission Expires 8/26/2006

Operator Name: Elysium Energy, L.L.C. Lease Name: Barry "B" Well #: 14
 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
 Micro, DIL, CDL/CNL, Sonic

	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name		Top	Datum
Base Anhydrite		1448'	574'
Topeka		2946'	-924'
Toronto		3173'	-1151'
LKC		3192'	-1170'
Arbuckle		3437'	-1415'

RECEIVED
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KCC WICHITA

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	12-1/4"	8-5/8"	24#	219.49'	Common	150 sx	2%gel,3%cc
Production	7-7/8"	5-1/2"	15.5#	3468'	SMDC	350	11.2#
					SMDC	150	14#

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	3444-48', 3436-42' (Arbuckle)		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	3419'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
6/30/03			<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
	7		313		

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

METHOD OF COMPLETION _____ Production Interval 3436-48'

(If vented, Sumit ACO-18.)

JOB LOG

SWIFT Services, Inc.

ORIGINAL

DATE 6/2/13 PAGE NO. 1

CUSTOMER *Lysium Energy* WELL NO. *#14* LEASE *Berry B* JOB TYPE *Long String* TICKET NO. *5732*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:00							on loc. Rig being down D.P.
	0200							Start in hole with 5 1/2" csg.
								Insert Float shoe + ball below Baffle
								Crts. on "1, "3, "5, "47
								Basket on "1, "2, "12, "48
	0355							Drop Ball
	0400							Circulate with rig pump
	0425							Plug above bit + Rat hole
	0430	5	12					Pump 500gal Mud Flush
		5	10					Pump 10" R/L Flush
		6	207					MIX 37552 SMO 11.2" gal
								MIX 15000 SMO 13.5" gal
								Finished mixing no circulation
								work out Pump + line
	0530	4	4					Drill. latch down Plug
			40					40" Drpl. in at circ. slow rate
		2						10 2 BPM
								600 Plug down 600 Psi Lift Pos.
								1:00 hand plug 1500psi holding
								Return Press. Float held
								work regard circulating
								work and work up 1000
								Test complete

[Handwritten signature]

ALLIED CEMENTING CO., INC. 14673

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

ORIGINAL

SERVICE POINT: R

DATE <u>6/9/03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>Co. 67.2.1</u>	JOB START	JOB FINISH <u>8-20-03</u>
LEASE <u>Becky B</u>	WELL # <u>14</u>		LOCATION <u>23.5 N 1 E 9 W 1/2 E</u>	COUNTY <u>Rooks</u>		STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>D. Scovery #1</u>		OWNER _____
TYPE OF JOB <u>Surface</u>		
HOLE SIZE <u>12 1/4</u>	T.D. <u>220'</u>	CEMENT AMOUNT ORDERED <u>1500 lbs. 396 cc</u>
CASING SIZE <u>8 1/4</u>	DEPTH <u>219'</u>	<u>296 lbs</u>
TUBING SIZE _____	DEPTH _____	
DRILL PIPE _____	DEPTH _____	
TOOL _____	DEPTH _____	
PRES. MAX _____	MINIMUM _____	
MEAS. LINE _____	SHOE JOINT _____	
CEMENT LEFT IN CSG. <u>1'</u>		
PERFS. _____		
DISPLACEMENT <u>156 bbl</u>		

EQUIPMENT

PUMP TRUCK # <u>177</u>	CEMENTER <u>Paul</u>	
BULK TRUCK # <u>213</u>	HELPER <u>Shane</u>	
BULK TRUCK # _____	DRIVER <u>Alan</u>	
BULK TRUCK # _____	DRIVER _____	

COMMON _____	@ _____
POZMIX _____	@ _____
GEL _____	@ _____
CHLORIDE _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING _____	@ _____
MILEAGE _____	@ _____
	TOTAL _____

REMARKS:	SERVICE
_____	DEPTH OF JOB _____
_____	PUMP TRUCK CHARGE _____
<u>Revent Circumvented ✓</u>	EXTRA FOOTAGE @ _____
_____	MILEAGE @ _____
_____	PLUG <u>8 7/8 Wound</u> @ _____
_____	@ _____
_____	@ _____
	TOTAL _____

CHARGE TO: Elysium Energy

STREET _____

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE [Signature]

FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
	TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____



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

TICKET NO. **5732**

PAGE **1** OF **1**

WELL/PROJECT NO. **"14"** LEASE **Betty B** COUNTY/PARISH **Rood** STATE **La.** CITY **LAUREL** DATE **6-14-03** OWNER **Somec**

TICKET TYPE SERVICE SALES CONTRACTOR **Disposal Drilling** RIG NAME/NO. **516** DELIVERED TO **LAUREL** ORDER NO.

WELL TYPE **Oil** WELL CATEGORY **Development** JOB PURPOSE **Cont. 5 1/2" Prod. Case** WELL PERMIT NO. **LAUREL** WELL LOCATION

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1			30	mi			2.50	750
572		1		MILEAGE "103 Person Service	1	hr			1,200	1,200
407		1		Insert Floor Steel	1	hr	5.12	"	230	230
406		1		Load & Down Plug + Baffle	1	hr	"	"	300	300
403		1		Crustalities	4	hr	"	"	44	176
403		1		Basins	4	hr	"	"	19.25	500
391		1		Mud/Job	500	gal			60	300
391		1		HCL	2	gal			19.00	38
330		1		SMOC	575	lb.			9.75	5118
396		1		Floor	131	hr			92	117
581		1		Service Charge	585	hr			1.00	585
583		1		Damage	782.66	hrs			92	666

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 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL **9,146** **782**

TAX **ORIGINA**

TOTAL

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.

SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]*

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

Thank You!