

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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, 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>5/29/04</u>	<u>6/4/04</u>	<u>6/15/04</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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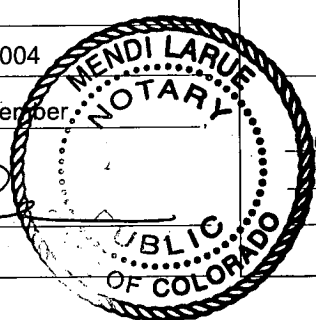
API No. 15 - 051-25306-0000
 County: Ellis
SE NE SE Sec. 11 Twp. 11 S. R. 18 East West
1705 feet from SE / N (circle one) Line of Section
330 feet from SE / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE NW SW
 Lease Name: Carmichael Well #: 6
 Field Name: Bemis-Shutts
 Producing Formation: Arbuckle
 Elevation: Ground: 1859' Kelly Bushing: 1867'
 Total Depth: 3450' Plug Back Total Depth: 3433'
 Amount of Surface Pipe Set and Cemented at 221.57 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 3449
 feet depth to surface w/ 500 sx cmt.

Drilling Fluid Management Plan *Alt #2 HJR 6/14/07*
 (Data must be collected from the Reserve Pit)
 Chloride content 12000 ppm Fluid volume 80 bbls
 Dewatering method used Haul free fluids
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Elysium Energy, L.L.C.
 Lease Name: Burnett SWD License No.: 32754
 Quarter SW Sec. 12 Twp. 11 S. R. 18 East West
 County: Ellis Docket No.: D-27931

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: 9/28/2004
 Subscribed and sworn to before me this 28th day of September
19 2004
 Notary Public: [Signature]
 Date Commission Expires: 8/26/10



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: Carmichael Well #: 6
 Sec. 11 Twp. 11 S. R. 18 East West County: Ellis

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: DIL, CNL, CDL, Micro	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1124'</td> <td>+743'</td> </tr> <tr> <td>Topeka</td> <td>2811'</td> <td>-944'</td> </tr> <tr> <td>Toronto</td> <td>3058'</td> <td>-1191'</td> </tr> <tr> <td>LKC</td> <td>3077'</td> <td>-1210'</td> </tr> <tr> <td>Arbuckle</td> <td>3367'</td> <td>-1500'</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1124'	+743'	Topeka	2811'	-944'	Toronto	3058'	-1191'	LKC	3077'	-1210'	Arbuckle	3367'	-1500'
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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"	20	221.57'	Common	150	2%gel,3%CC
Production	7-7/8"	5-1/2"	15.5	3449'	SMDC	350	11.2 ppg
					SMDC	150	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 (Amount and Kind of Material Used)	
			Depth
4	3416-18', Set CIBP @ 3410', 3368-74'	1500 gal 15% NE	3368-74'
		3441 bbls polymer gel	3368-74'

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2-7/8"	3419'			
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
1st-6/15/04			<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	
	.1		420			

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Sumit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	3368'-74'
	<input type="checkbox"/> Other (Specify) _____	



CHARGE TO:
ELYSIUM ENERGY
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No **6844**

PAGE **1** OF **2**

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. #6	LEASE CORMICHAEL	COUNTY/PARISH ELLIS	STATE KS	CITY	DATE 6-5-04	OWNER SOME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR DISCOVERY DRILLING	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOUISIANA	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LONGSTON	WELL PERMIT NO.	WELL LOCATION NUMBER - 1 1/2 E WIND		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 105	30	MI			2.50	75.00
578		1			PUMP SERVICE	1	JOB	3450	FT	1200.00	1200.00
281		1			MUD FLUSH	500	Gal			60	300.00
402		1			CONTRACTORS	4	EA	5 1/2"		44.00	176.00
403		1			CONCRETE BASKETS	4	EA			125.00	500.00
406		1			LATCH BOLLW AUG - BAFFLE	1	EA			200.00	200.00
407		1			INSERT FLOAT SIDE W/ FILLUA	1	EA			230.00	230.00
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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 *Brian Kallan*
 DATE SIGNED **6-5-04** TIME SIGNED **0400** A.M. P.M.

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				# 1	2681.00
WE UNDERSTOOD AND MET YOUR NEEDS?				# 2	6921.40
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR
Wayne Wilson
 APPROVAL

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 6844

CUSTOMER: ELYSVM WJRGY WELL: CARMICHAEL #6 DATE: 6-5-04 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT
		LOG	ACCT	DF			QTY	UM	QTY	UM		
330		1				SWIFT MULTI-QUALITY STANDARD	525		SKS		10.00	5250.00
276		1				FLOCLE	131		LBS		.90	117.90
290		1				D-ADR	131		LBS		2.75	360.25
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581		1				SERVICE CHARGE						
									CUBIC FEET			
								525			1.00	525.00
583		1				MILEAGE CHARGE						
						TOTAL WEIGHT			LOADED MILES			
						52412		30				
									TON MILES			
								786.18			.85	668.25

CONTINUATION TOTAL 6921.40

JOB LOG

SWIFT Services, Inc.

DATE 6-504 PAGE NO. 1

CUSTOMER ELYSIUM ENERGY WELL NO. #6 LEASE CAEMICHAEL JOB TYPE 5 1/2" LOGGING TICKET NO. 6844

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0400							ON LOCATION
	0500							START 5 1/2" CASING WELL
								TA - 3450 SET = 3449
								TP - 3453 5 1/2" IPF - 15.5
								ST - 15.10
								CW/ML/PCS - 1, 3, 5, 59
								CMT BKTS - 1, 2, 10, 60
	0630							DROP BALL - CORLUATE
	0705							PLUG RH-MH
	0710	6 1/2	12		✓		425	PUMP 500 GAL MUD FLUSH
	0715	5 1/2	208		✓		300	MUD CMT - 375 SKS = 11.2 PPG
			42		✓			150 SKS = 14.0 PPG
	0805							WASH OUT PUMP. LOGS
	0807							RELEASE PLUG - LATCH DOWN
	0809	6 1/2	0		✓			DISPLACE PLUG
	0822	6	81.8				1100	PLUG DOWN
	0822						1750	PST UP - WITH IN PLUG
	0825						OK	RELEASE PST - HEAD
								CORLUATE 50 SKS CMT TO PST
								WASH UP
	0900							JOB COMPLETE

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THANK YOU
WAWI, DAVE, JUSTY, BLAKE

ALLIED CEMENTING CO., INC.

17166

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

SERVICE POINT

Xlassad

DATE <u>5/30/04</u>	SEC. <u>11</u>	TWP. <u>11</u>	RANGE <u>15</u>	CALLED OUT <u>Proton</u>	ON LOCATION <u>2.15 PM</u>	JOB START <u>4:45 AM</u>	JOB FINISH <u>5:45 AM</u>
LEASE <u>Commercial</u>		WELL # <u>6</u>	LOCATION <u>RR 1 N HAZZ DE</u>			COUNTY <u>Phillips</u>	STATE <u>K</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR <u>Discover</u>	OWNER _____
TYPE OF JOB <u>Surface</u>	CEMENT AMOUNT ORDERED _____
HOLE SIZE <u>12 1/2</u> T.D. <u>222</u>	COMMON _____ @ _____
CASING SIZE <u>8 1/2</u> DEPTH _____	POZMIX _____ @ _____
TUBING SIZE _____ DEPTH _____	GEL _____ @ _____
DRILL PIPE _____ DEPTH _____	CHLORIDE _____ @ _____
TOOL _____ DEPTH _____	ASC _____ @ _____
PRES. MAX _____ MINIMUM _____	_____ @ _____
MEAS. LINE _____ SHOE JOINT _____	_____ @ _____
CEMENT LEFT IN CSG. <u>15</u>	_____ @ _____
PERFS. _____	_____ @ _____
DISPLACEMENT <u>13 bbls</u>	_____ @ _____
EQUIPMENT _____	_____ @ _____
PUMP TRUCK CEMENTER <u>B.I.T</u>	_____ @ _____
# <u>345</u> HELPER <u>DAAC</u>	_____ @ _____
BULK TRUCK _____	_____ @ _____
# <u>213</u> DRIVER <u>CP415</u>	_____ @ _____
BULK TRUCK _____	_____ @ _____
# _____ DRIVER _____	_____ @ _____
	HANDLING _____ @ _____
	MILEAGE _____ @ _____

REMARKS:

RAV 5 1/2 of 8 1/2 Sept 221
Cent. w 150 lbs Con 32
plug plus w 13 bbls of water
Cent dit circ.

CHARGE TO: Elysum Pa. LLC
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 Thomas N

TOTAL _____

SERVICE

DEPTH OF JOB _____	_____ @ _____
PUMP TRUCK CHARGE _____	_____ @ _____
EXTRA FOOTAGE _____	_____ @ _____
MILEAGE _____	_____ @ _____
<u>1.85 wood</u>	_____ @ _____
_____	_____ @ _____
_____	_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

MANIFOLD _____	_____ @ _____
_____	_____ @ _____
_____	_____ @ _____
_____	_____ @ _____
_____	_____ @ _____

TOTAL _____

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Thomas ALM

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