

ORIGINAL

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

RECEIVED

MAY 29 2003

KCC WICHITA

Operator: License # 30420
Name: V.J.I. Natural Resources Inc.
Address: 30-38 48th St.
City/State/Zip: Astoria, New York 11103
Purchaser: _____
Operator Contact Person: Jason Dinges
Phone: (785) 625-8360
Contractor: Name: VonFeldt Drilling Inc.
License: 9431
Wellsite Geologist: Jerry Green

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

3.17.03 3.25.03 3.25.03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15: 065-22892-00-00
County: Graham
SE NE SW SW Sec. 30 Twp. 8 S. R. 24 East West
4390 feet from S / (circle one) Line of Section
4060 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Holley Well #: 2-E
Field Name: Holley

Producing Formation: LKC
Elevation: Ground: 2474 Kelly Bushing: 2479
Total Depth: 4053 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 4050
feet depth to surface w/ 450 sx cmt. 3 1/2 E

Drilling Fluid Management Plan See 11 on 6.9.03
(Data must be collected from the Reserve Pit)

Chloride content 1,000 ppm Fluid volume 140 bbls
Dewatering method used Natural Settling
Location of fluid disposal if hauled offsite: _____

Operator Name: Challenger Exploration
Lease Name: Dechant License No.: 03919
Quarter _____ Sec. 17 Twp. 14 S. R. 18 East West
County: Ellis Docket No.: 24904

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: [Signature] Date: 5-12-03
Subscribed and sworn to before me this 12th day of May
2003
Notary Public: [Signature]
Date Commission Expires: Jan 21, 2004

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
LIC Distribution _____
RITA A. ANDERSON
Graham County, Kansas
My Appt. Exp. 1-21-04

INITIALS
Well # **2-B**

Operator Name: **V.J.I. Natural Resources Inc.** Lease Name: **Holley**
 Sec. **30** Twp. **8** S. R. **24** East West County: **Graham**

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:

Radiation Guard Log
Dual Receiver Cement Bond Log

| | |
|--|---------------------------------|
| <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Name | Top Datum |
| Anhy | 2204-34 275 |
| Heebner | 3770 -1287 |
| Toronto | 3794 -1315 |
| LKC | 3810 -1331 |
| BKC | 4031 -1552 |
| RTD | 4053 -1571 |

| 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 | # Sacjs Used | Type and Percent Additives |
| Surface | 12 1/4 | 8 5/8 | 20# | | 60-40 PozMix | 150 | 3%cc, 2%gel |
| Production | 7 7/8 | 5 1/2 | | 4050 | smds | 450 | |

| 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 |
|----------------|--|---|-------|
| 4shots per/ft | 3961-3963 | 500mud acid, 2500 15%ne | |

TUBING RECORD Size **2 3/8** Set At **3985** Packer At _____ Liner Run Yes No

Date of First, Resumerd Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours Oil Bbls. **N/A** Gas Mcf _____ Water Bbls. _____ Gas-Oil Ratio _____ Gravity _____

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



15-065-22892-00-00

CHARGE TO: **V. J. I.** **RECEIVED**
 ADDRESS: _____
 CITY, STATE, ZIP CODE: **MAY 29 2003**
KCC WICHITA

TICKET No 5364

PAGE 1 OF 2

SERVICE LOCATIONS: 1. **NESS CITY, KS**
 WELL/PROJECT NO.: **2-E** LEASE: **HOLLY** COUNTY/PARISH: **GRAHAM** STATE: **KS** CITY: _____ DATE: **3-24-03** OWNER: **SAME**
 TICKET TYPE: SERVICE SALES CONTRACTOR: **WOLFEYT DRILLING** RIG NAME/NO.: _____ SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.: _____
 WELL TYPE: **OT** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **5/2" LOGS/DRILL** WELL PERMIT NO.: _____ WELL LOCATION: **SE/MOBLAND, KS**
 REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

| PRICE REFERENCE | SECONDARY REFERENCE/PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | U/M | | UNIT PRICE | AMOUNT |
|-----------------|---------------------------------|------------|------|----|---------------------------|------|-----|------|----|------------|---------|
| | | LOC | ACCT | DF | | | | | | | |
| 575 | | 1 | | | MILEAGE * 104 | 70 | MI | | | 2.50 | 175.00 |
| 578 | | 1 | | | PUMP SERVICE | 1 | JOB | 4050 | FT | 1200.00 | 1200.00 |
| 281 | | 1 | | | MUDFLUSH | 500 | GAL | | | .60 | 300.00 |
| 281 | | 1 | | | LUBRIC OIL | 2 | GAL | | | 19.00 | 38.00 |
| 410 | | 1 | | | S.W. TOP PLUG | 1 | EA | 5/2" | | 50.00 | 50.00 |
| 400 | | 1 | | | GUNNE SHOE | 1 | EA | | | 100.00 | 100.00 |
| 401 | | 1 | | | LOGSRT FLOAT VALVE W/FLOW | 1 | EA | | | 125.00 | 125.00 |
| 402 | | 1 | | | EXTENSORS | 6 | EA | | | 44.00 | 264.00 |
| 403 | | 1 | | | CONCRETE BASKETS | 2 | EA | | | 125.00 | 250.00 |

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

DATE SIGNED: **3-24-03** TIME SIGNED: **2:30**
 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 | 2502.00 |
| WE UNDERSTOOD AND MET YOUR NEEDS? | | | | | |
| OUR SERVICE WAS PERFORMED WITHOUT DELAY? | | | | 2 | 6269.11 |
| WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | | | | | 8771.11 |
| ARE YOU SATISFIED WITH OUR SERVICE? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | 295.64 |
| <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | TOTAL | 9066.75 |

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____

SWIFT OPERATOR: **Wesley Wased**

APPROVAL: _____
 3192.91 ~~3151.91~~ Thank You!

15-065-22892-00-00



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

TICKET CONTINUATION

TICKET No. 5364

CUSTOMER: V.J.T.
WELL: HOLLY 2-E
DATE: 3-24-03
PAGE: 2 OF 2

| LINE NO. | DESCRIPTION | QUANTITY | | | UNIT | DESCRIPTION | WEIGHT | | | | CUBIC FEET | RATE | TOTAL |
|----------|-------------|----------|------|-----|------|-----------------------------|----------|-----|------|-----|------------|------|---------|
| | | QTY | UNIT | QTY | | | UNIT | QTY | UNIT | QTY | | | |
| 230 | | 1 | | | | SWIFT MULT-DENSITY STANDARD | 450 | lbs | | | | 9.75 | 4387.50 |
| 276 | | 1 | | | | FLOOR | 113 | lbs | | | | .90 | 101.70 |
| 581 | | 1 | | | | SERVICE CHARGE | | | | | | 1.00 | 450.00 |
| 583 | | 1 | | | | TOTAL WEIGHT | 44703 | | | | | 185 | 1329.91 |
| | | | | | | LOADED MILES | 70 | | | | | | |
| | | | | | | TON MILES | 1564.603 | | | | | | |
| | | | | | | | | | | | | | 6269.11 |

61 92.11

15-065-22892-00-00

ALLIED CEMENTING CO., INC. 13266

Federal Tax I.D.# [REDACTED]

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

| | | | | | | | |
|-------------------------|-------------------|------|----------------------------------|------------------------------|-------------------------------|-----------|-------------------------------|
| DATE <u>03-17-03</u> | SEC. | TWP. | RANGE | CALLED OUT <u>5:00 PM</u> | ON LOCATION <u>8:30 AM</u> | JOB START | JOB FINISH <u>10:05 AM</u> |
| LEASE <u>Holley</u> | WELL # <u>2-E</u> | | LOCATION <u>Morland 3S 2E 2N</u> | | | COUNTY | STATE <u>Ka</u> |
| OLD OR NEW (Circle one) | | | | | | | |

CONTRACTOR Vonfeldt
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 218
 CASING SIZE 8 1/2 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15
 PERFS.
 DISPLACEMENT 12.8 bbl

OWNER
 CEMENT
 AMOUNT ORDERED
150 bbl

EQUIPMENT
 PUMP TRUCK CEMENTER Bill
 # 177 HELPER Paul
 BULK TRUCK
 # 213 DRIVER Shane
 BULK TRUCK
 # DRIVER

| | | | | |
|----------|--------------|---|--------------|----------------|
| COMMON | <u>90</u> | @ | <u>6.5</u> | <u>598.50</u> |
| POZMIX | <u>60</u> | @ | <u>3.55</u> | <u>213.00</u> |
| GEL | <u>3</u> | @ | <u>10.00</u> | <u>30.00</u> |
| CHLORIDE | <u>5</u> | @ | <u>30.00</u> | <u>150.00</u> |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| | | @ | | |
| HANDLING | <u>150</u> | @ | <u>1.10</u> | <u>165.00</u> |
| MILEAGE | <u>24 SK</u> | | <u>16.1E</u> | <u>390.00</u> |
| TOTAL | | | | <u>1546.50</u> |

REMARKS:

Ran 6 ft of 8 1/2 set @ 217
Cement 150 bbl cement.
pump plug w/ 12.8 bbl of water
Cement did circ.

SERVICE

| | | | |
|--------------------------|-----------|---|---------------|
| DEPTH OF JOB | | | |
| PUMP TRUCK CHARGE | | | <u>520.00</u> |
| EXTRA FOOTAGE | | @ | |
| MILEAGE | <u>85</u> | @ | <u>302</u> |
| PLUG <u>1-8 1/2 wood</u> | | @ | <u>45.00</u> |
| | | @ | |
| | | @ | |
| TOTAL <u>760.00</u> | | | |

CHARGE TO: VJI
 STREET _____
 CITY _____ STATE _____ ZIP _____

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.

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

SIGNATURE Doug Budig

Doug Budig
 PRINTED NAME

Received:
5-29-2003