

ORIGINAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 Co. 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. _____

3.25.03 4.1.03 4.2.03
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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MAY 29 2003
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API No. 15 - 065-22899-00-00
County: Graham
SE SE NE NW Sec. 31 Twp. 8 S. R. 24 East West
1180 feet from S / (circle one) Line of Section
2540 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Holley Well #: 6-D
Field Name: Holley

Producing Formation: LKC
Elevation: Ground: 2436 Kelly Bushing: 2441
Total Depth: 4025 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 207 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 4024
feet depth to Surface w/ 550 'sx cmt' l.c.

Drilling Fluid Management Plan All 11 well 6-29-03
(Data must be collected from the Reserve Pit)
Chloride content 1000 ppm Fluid volume 80 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: Jason Dinges
Title: Asst Date: 5-12-03
Subscribed and sworn to before me this 12th day of May
2003
Notary Public: Rita A. Anderson
Date Commission Expires: Jan 21, 2004

KCC Office Use ONLY

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

Operator Name: V.J.I. Natural Resources Inc. Lease Name: Holley Well #: 6-D
 Sec. 31 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhy	2148-82'	+293
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	3730	-1289
List All E. Logs Run:		Toronto	3756	-1315
		LKC	3772	-1331
		BKC	3993	-1552
		RTD	4025	-1584

Radiation Guard Log
Dual Receiver Cement Bond Log

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	# Sacs Used	Type and Percent Additives
Surface	12 1/4	8 5/8	20	207	60-40 PozMix	150	3%cc, 2%gel
Production	7 7/8	4 1/2	14 1/2	4024	SM-DS	550	

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	3925-3929	500g 15% Mud Acid, 2500g 20% NE	

TUBING RECORD	Size 2 3/8	Set At 3960	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours N/A	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	Production Interval
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X
X

15-065-22899-00-00

ALLIED CEMENTING CO., INC. 12180

Federal Tax I.D.# [REDACTED]

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

SERVICE POINT
Oakley

DATE: <i>3-25-03</i>	SEC: <i>31</i>	TWP: <i>85</i>	RANGE: <i>24W</i>	CALLED OUT	ON LOCATION: <i>7:30 PM</i>	JOB START: <i>8:30 AM</i>	JOB FINISH: <i>9:00 PM</i>
LEASE: <i>Holley</i>	WELL #: <i>6-D</i>	LOCATION: <i>Morland 4 1/2 S 3 E 1 1/2 N 1 1/2 W 1/4 SW</i>			COUNTY: <i>Graham</i>	STATE: <i>KS</i>	

OLD OR NEW (Circle one) NEW

CONTRACTOR: *Vonfeldt Dtg Inc*

TYPE OF JOB: *Surface*

HOLE SIZE: *12 1/4* T.D. *207'*

CASING SIZE: *8 5/8* DEPTH *207'*

TUBING SIZE: _____ DEPTH _____

DRILL PIPE: _____ DEPTH _____

TOOL: _____ DEPTH _____

PRES. MAX: _____ MINIMUM _____

MEAS. LINE: _____ SHOE JOINT _____

CEMENT LEFT IN CSG. *15'*

PERFS: _____

DISPLACEMENT: *12 1/4 Bbls*

OWNER _____

CEMENT AMOUNT ORDERED: *150 sks 60/40 Poz*

390 cc 290 Gel

COMMON	<i>90 sks</i>	@ <i>6.65</i>	<i>598.50</i>
POZMIX	<i>60 sks</i>	@ <i>3.55</i>	<i>213.00</i>
GEL	<i>35 sks</i>	@ <i>10.00</i>	<i>350.00</i>
CHLORIDE	<i>5 sks</i>	@ <i>30.00</i>	<i>150.00</i>

EQUIPMENT

PUMP TRUCK CEMENTER: *Dean*

300 HELPER: *Wayne*

BULK TRUCK DRIVER: *Fuzzy*

212 DRIVER: _____

BULK TRUCK DRIVER: _____

HANDLING: *15.8 sks @ 11.10 = 173.80*

MILEAGE: *44 sk/mile = 410.80*

TOTAL: *1576.10*

REMARKS:

Cement did circulate

Thank you

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE: *520.00*

EXTRA FOOTAGE @ _____

MILEAGE: *65 miles @ 3.00 = 195.00*

PLUG: *8 5/8 Surface @ 45.00*

TOTAL: *760.00*

CHARGE TO: *V. J. I. Natural Resources*

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.

Received: *5-29-2003*

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE: *Doug Budz*

PRINTED NAME: *Doug Budz*



15-065-22899-00-60

CHARGE TO:
V.J.I.
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 5372

PAGE 1 OF 2

1. SERVICE LOCATIONS NESS CITY, KS	WELL/PROJECT NO. 6-D	LEASE HOLLEY	COUNTY/PARISH GRAHAM	STATE KS	CITY	DATE 4-2-03	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR VOJFENT DRILLING	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE OR	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 4 1/2" LONG STRONG	WELL PERMIT NO.	WELL LOCATION SE/MORAN, KS		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE "104	70		MI		2.50	175.00
578		1			PUMP SERVICE	1		JOB	4025 FT	1200.00	1200.00
221		1			LIQUID KCL	2		GA		19.00	38.00
281		1			MUDFLUSH	500		GA		.60	300.00
410		1			TOP PLUG	1		CA	4 1/2"	35.00	35.00
400		1			GUIDE SHOE	1		CA		80.00	80.00
401		1			INSERT FLOAT VALVE W/FOLLOWUP	1		CA		110.00	110.00
402		1			CENTRALIZERS	5		CA		34.00	170.00
403		1			CEMENT BASKETS	2		CA		115.00	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 *[Signature]*
 DATE SIGNED **4-2-03** TIME SIGNED **0400** 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	2338.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	8014.75
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				TAX	10352.75
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					355.04
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	10,707.79
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					



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

15-065-22899-00-00
TICKET CONTINUATION

TICKET No. 5372

CUSTOMER: V.S.I. WELL: HOLLEY b-D DATE: 4-2-03 PAGE: 2 OF 2

PRICE REMARKS	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				DATE	PAGE	OF
		LOC	ACC	TR			QTY	ONE	QTY	WKS			
330		1				SWIFT MULTI-DENSITY STAMPAH	575	SKS				9.75	560625
276		1				FLOCCLE	144	LBS				90	129160
581		1				SERVICE CHARGE						1.00	575.00
583		1				TOTAL WEIGHT	57274					185	1703190
						LOADED MILES	70						
						TON MILES	2004.59						

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CONTINUATION OF 5372 8014.75

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STATE CORPORATION COMMISSION OF KANSAS, CONSERVATION DIVISION

PRODUCTIVITY TEST

BARREL TEST

OPERATOR V.J.I. Natural Resources Inc. # 30420 LOCATION OF WELL SE-SE-NW
LEASE Holley OF SEC. 31 T 8s R 24w
WELL NO. 6-D COUNTY Graham
FIELD Holley PRODUCING FORMATION Lansing KC

Date Taken _____ Date Effective _____
Well Depth 4024 Top Prod. Form. Lans 3772 -1331 Perfs 3925-3929
Casing: Size 5 1/2" Wt. 14.5 Depth 4024 Acid _____
Tubing: Size 2 3/8" Depth of Perfs _____ Gravity 36°
Pump: Type insert Bore 1 1/2" Purchaser STG
Well Status Pumping

Pumping, flowing, etc.

TEST DATA

Permanent _____ Field _____ Special _____
Flowing _____ Swabbing _____ Pumping X

STATUS BEFORE TEST:

PRODUCED 24 HOURS
SHUT IN _____ HOURS
DURATION OF TEST _____ HOURS 4 MINUTES 20 SECONDS 59AL
GAUGES: WATER _____ INCHES _____ PERCENTAGE
OIL _____ INCHES _____ PERCENTAGE
GROSS FLUID PRODUCTION RATE (BARRELS PER DAY) 39.52
WATER PRODUCTION RATE (BARREL PER DAY) 31.62
OIL PRODUCTION RATE (BARRELS PER DAY) 7.90 PRODUCTIVITY
STROKES PER MINUTE 9
LENTH OF STROKE 44 INCHES
REGULAR PRODUCING SCHEDULE 24-7 HOURS PER DAY.

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COMMENTS _____

WITNESSES:

Richard Williams Loren With
FOR STATE FOR OPERATOR FOR OFFSET