

NOV 05 2001

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

CONSERVATION DIVISION
WICHITA, KS

Operator: License # 32903
Name: Triple B Crude
Address: 2100 West Virginia Rd
City/State/Zip: Colony, Ks 66015
Purchaser: Mclaskey
Operator Contact Person: Matt Bowen
Phone: (620) 852-3501
Contractor: Name: George Bell
License: na
Wellsite Geologist: na

Designate Type of Completion: existing well
 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: Triple B Crude, LLC.
Well Name: Bruner #7

Original Comp. Date: na Original Total Depth: 946'
 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. _____

5-14-01 na 5-74-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 207-20766 -00-01
County: Woodson
NW se 1 Sec. 30 Twp. 23 S. R. 17 East West
2000' feet from N (circle one) Line of Section
2180 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE NW SW

Lease Name: Bruner Well #: 7

Field Name: Neosho Falls, Leroy

Producing Formation: squirrel

Elevation: Ground: 970' Kelly Bushing: 970'

Total Depth: 946' Plug Back Total Depth: 946'

Amount of Surface Pipe Set and Cemented at 40' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from top to bottom
feet depth to _____ w/ 105 sx cmt.

Drilling Fluid Management Plan OWUD na KPR 7/24/07
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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.

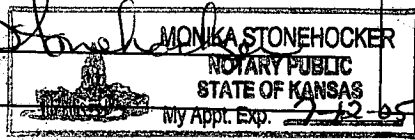
Signature: Matt Bowen

Title: Operator Date: 11-5-01

Subscribed and sworn to before me this 5th day of Nov

Notary Public: Monika Stonehocker

Date Commission Expires: 7-12-05



KCC Office Use ONLY

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

Operator Name: Triple B Crude, LLC. Lease Name: Bruner Well #: 73 MOE
 Sec. 30 Twp. 23 S. R. 17 East West County: Woodson

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 <u>na</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <u>na</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <u>na</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <u>na</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>na</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>squirrel</u> Top <u>na</u> Datum <u>na</u>
--	---

CASING RECORD <input type="checkbox"/> New <input checked="" 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	na	7"	na	40'	port-a	na	na
production	4.75"	2.375"	4.6	940'	port-a	105	na

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> na <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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
				Depth
na				

TUBING RECORD	Size <u>2.375"</u>	Set At <u>940'</u>	Packer At <u>na</u>	Liner Run <u>na</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------	--------------------	--------------------	---------------------	--

Date of First, Resumerd Production, SWD or Enhr. <u>May 2001</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>.5-.75</u>	Gas Mcf <u>na</u>	Water Bbls. <u>3-4</u>	Gas-Oil Ratio <u>na</u>	Gravity <u>25</u>
-----------------------------------	-------------------------	-------------------	------------------------	-------------------------	-------------------

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