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OCT 17 2005

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5056
 Name: F.G. Holl Company, L.L.C.
 Address: 9431 East Central, Suite #100
 City/State/Zip: Wichita, Kansas 67206-2543
 Purchaser: NCRA
 Operator Contact Person: Franklin R. Greenbaum
 Phone: (316) 684-8481
 Contractor: Name: Sterling Drilling Company
 License: 5142
 Wellsite Geologist: Bob F. Mallory
 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: F.G. Holl Company, L.L.C.
 Well Name: J.H. CROSS "B" 1-28
 Original Comp. Date: 05/11/82 Original Total Depth: 4515'
 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. _____
 RU: 08/02/2005 05/10/82 RD: 08/17/2005
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15-15-047-21,036-00-01
 County: Edwards
 C: NW NE NE Sec. 28 Twp. 24 S. R. 17 East West
330 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: J.H. CROSS "B" OWWO Well #: 1-28
 Field Name: Wayne Ext.
 Producing Formation: Mississippi
 Elevation: Ground: 2115' Kelly Bushing: 2124'
 Total Depth: 4515' Plug Back Total Depth: 4425'
 Amount of Surface Pipe Set and Cemented at 246.82 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Workover Aft I NCK
 (Data must be collected from the Reserve Pit) 9-15-08
 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: Franklin R. Greenbaum
 Title: Exploration Manager Date: 10/14/2005
 Subscribed and sworn to before me this 14th day of October, 2005.
 19 Betty H. Spotswood
 Notary Public: Betty H. Spotswood
 Date Commission Expires: 04/30/2006
 Notary Public - State of Kansas
 BETTY H. SPOTSWOOD
 My Appointment Expires 4/30/2006

KCC Office Use ONLY
NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: F.G. Holl Company, L.L.C. Lease Name: J.H. CROSS "B" OWWO Well #: _____
 Sec. 28 Twp. 24 S. R. 17 East West County: Edwards

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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 <i>(Submit Copy)</i> List All E. Logs Run: See original	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum See original copy
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CASING RECORD <input checked="" 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	# Sacks Used	Type and Percent Additives
Surface		8-5/8"	24#	259'	60/40 Poz	210sx	3%cc
Production		4-1/2"	10.5#	4510'	Lite	100sx	Regular
					50/50 Poz	125sx	

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
1 BSP	4376', 4379', 4381', 4391', 4393', 4395'. Mississippi	1250 gal. 10% dsfe acid	
		Frac. w/ 26,000#'s total proppant.	

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>4336'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>08/18/2005</u>	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	Oil Bbls. <u>6.68</u>	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 4376' - 4395' Mississippi

Production Interval: _____

Other (Specify) _____