

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6227
 Name: Arnold E. Kraft
 Address: 434 Iris Rd Sw
 City/State/Zip: Gridley, Kansas 66852
 Purchaser: Crude Marketing Inc.
 Operator Contact Person: Arnold E. Kraft
 Phone: (620) 836-4570
 Contractor: Name: Skyy Drilling Co.
 License: 33357
 Wellsite Geologist: owner
 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. _____

<u>09/16/2006</u>	<u>09/20/2006</u>	<u>09/20/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 031-22252-0000
 County: Coffey
SW SW NE NE Sec. 14 Twp. 23 S. R. 14 East West
990 feet from S (N) (circle one) Line of Section
930 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Wiley Well #: 7
 Field Name: Winterschied
 Producing Formation: Mississippian
 Elevation: Ground: _____ Kelly Bushing: X
 Total Depth: 1655 Plug Back Total Depth: _____
 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 _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *RAH* *KJR* 10/29/07
(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: Arnold E Kraft
 Title: Operator Date: 11-15-2006
 Subscribed and sworn to before me this 16 day of November,
2006.
 Notary Public: Gina M. Audiss
 Date Commission Expires: 3-5-2010



KCC Office Use ONLY

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

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 DEC 15 2006

KCC WICHITA

Operator Name: Arnold E. Kraft Lease Name: Wiley Well #: 7
 Sec. 14 Twp. 23 S. R. 14 East West County: Coffey

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 <i>(Attach Additional Sheets)</i> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel Sand</td> <td>1280</td> <td>1290</td> </tr> <tr> <td>Burgess Sand</td> <td>1615</td> <td>1615</td> </tr> <tr> <td>Mississippian</td> <td>1616</td> <td>1655</td> </tr> </table>	Name	Top	Datum	Squirrel Sand	1280	1290	Burgess Sand	1615	1615	Mississippian	1616	1655
Name	Top	Datum											
Squirrel Sand	1280	1290											
Burgess Sand	1615	1615											
Mississippian	1616	1655											

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	10"	8"		40 ft.	Portland	20	

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 <i>(Amount and Kind of Material Used)</i>
		Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input 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

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08889
LOCATION Ottawa, Ks.
FOREMAN Jim Green

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-06	4418	Wiley #7	14	23	19	CF
CUSTOMER Arnold Kraft			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 434 Iris Rd SW			495	Cas Ken		
CITY Gridley			195	Bill Div		
STATE Ks			481	JIM GRE		
ZIP CODE 66852						

JOB TYPE Plug well HOLE SIZE 6 7/8" HOLE DEPTH 1659.9 CASING SIZE & WEIGHT -
 CASING DEPTH -0- DRILL PIPE -0- TUBING -0- OTHER -
 SLURRY WEIGHT 14.5" SLURRY VOL - WATER gal/sk - CEMENT LEFT in CASING -
 DISPLACEMENT - DISPLACEMENT PSI - MIX PSI - RATE -

REMARKS: Establish circulation thru drill pipe. Mixed and pumped 30 plug
Displaced to TD 1659.9' (15sk) Pull drill steel to 700' mixed and pumped
15sk and displaced. Pull drill steel to 200'. Mixed and pumped 10sk
circulating cement to surface. Pull drill steel, top hole off to surface. 3s
Mixed and pumped 10sk in Rat hole filling to surface.
Used 100 sk 6 7/8 Poz Mix 4% Gel total

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405H	One	PUMP CHARGE Plug one well		800.00
5406	75	MILEAGE		236.35
5407	min.			275.00
1731	108 sks	6 7/8 Poz Mix		1009.80
111813	4.00"	Premium Gel		63.00
				2384.05
		Tax 5.3%		56.86
		RECEIVED		
		DEC 15 2006		
		SALES TAX		
		KCC WICHITA		
		ESTIMATED TOTAL		2440.91

AUTHORIZATION _____

TITLE WOT# 209247

DATE _____



CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 209247

Invoice Date: 09/25/2006 Terms: Page 1

KRAFT, ARNOLD
 434 IRIS ROAD SW
 GRIDLEY KS 66852
 () -

WILEY 7
 14-23-14
 8889
 09/20/06

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	108.00	9.3500	1009.80
1118B	PREMIUM GEL / BENTONITE	450.00	.1400	63.00
	Description	Hours	Unit Price	Total
195	MIN. BULK DELIVERY	1.00	275.00	275.00
495	P & A NEW WELL	1.00	800.00	800.00
495	EQUIPMENT MILEAGE (ONE WAY)	75.00	3.15	236.25

Parts:	1072.80	Freight:	.00	Tax:	56.86	AR	2440.91
Labor:	.00	Misc:	.00	Total:	2440.91		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date DEC 15 2006

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BARTLESVILLE, OK
 P.O. Box 1453 74005
 918/338-0808

EUREKA, KS
 820 E. 7th 67045
 620/583-7664

OTTAWA, KS
 2631 So. Eisenhower Ave. 66067
 785/242-4044

GILLETTE, WY
 300 Enterprise Avenue 82716
 307/686-4914

WICHITA, KS
 8655 Dorn Road 66776
 620/839-5269