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SEP 15 2005

KCC WICHITA

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

ORIGINAL

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: 1006 SW Boulevard, P O Box 397
City/State/Zip: Madison, Kansas 66860
Purchaser: SemCrude
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co., Inc.
License: 30567
Wellsite Geologist: William Stout

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. _____

10-1-04 10-13-04 10-13-04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 073-23992-DD-DD
County: Greenwood
NESW -SW Sec. 34 Twp. 22 S. R. 11 East West
990 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: Ellis B Well #: 11

Field Name: Seeley-Wick

Producing Formation: Cattlemen

Elevation: Ground: 1203' Kelly Bushing: NA

Total Depth: 1953' Plug Back Total Depth: 1937'

Amount of Surface Pipe Set and Cemented at 100 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 Air II NR 8-19-08
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume NA bbls

Dewatering method used Vacuum Truck

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: [Signature]

Title: Secretary Date: 9-14-05

Subscribed and sworn to before me this 14th day of September

2005

Notary Public: Rachel D. Ballard
RACHEL D. BALLARD
Notary Public - State of Kansas
My Apt. Expires 5-6-06

Date Commission Expires: 5-6-06

KCC Office Use ONLY

NO Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received _____

Geologist Report Received _____

UIC Distribution _____

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

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KCC WICHITA

TICKET NUMBER 2228
 LOCATION EUREKA
 FOREMAN KEVIN McCoy

TREATMENT REPORT & FIELD TICKET
 CEMENT

ORIGINAL

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13-04	7309	ELLIS # B-11	34	225	11E	GW
CUSTOMER Shankie Well Service			Rig 6			
MAILING ADDRESS P.O. Box 397			Drig. Co.			
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Madison	Ks	66860	445	TROY		
			441	Anthony		
			440	Justin		
			434	JIM		

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1953' CASING SIZE & WEIGHT 4 1/2 9.5# 10.5#
 CASING DEPTH 1938' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13. # 14 # SLURRY VOL 64 BBL WATER gal/sk _____ CEMENT LEFT in CASING 4'
 DISPLACEMENT 30.75 BBL DISPLACEMENT PSI 500 MAX PSI 1400 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ 5 BBL fresh water. Mixed 130 sks 60/40 Pozmix Cement w/ 6% Gel, 1/2 # floccle per/sk @ 13 # per/gal. Start mixing tail in cement (lost circulation) mixed 125 sks Regular Cement w/ 2% Gel, 1% CaCl2, 4# Kol-Seal per/sk @ 14 # per/gal. Shut down. Wash out pump & lines. Release Plug. Displace w/ 30.75 BBL fresh water. Final Pump Pressure 500 psi. Bump Plug to 1400 psi. Wait 2 minutes. Release Pressure. Float Held. Shut casing in @ 0 psi. Never Regained Circulation After Loosing it. Job Complete. Rig down.
Note: Rotated casing while mixing tail in cement & 15 BBL of displacement.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	710.00	710.00
5406	20	MILEAGE	2.35	47.00
1131	120 SKS	60/40 Pozmix Cement	7.30	876.00
1118	6 SKS	Gel 2%	12.40	74.40
1107	2 1/2 SKS	Floccle 1/2 # per/sk	40.00	100.00
1104	125 SKS	Regular Class "A" Cement	8.40	1112.50
1118	2.5 SKS	Gel 2%	12.40	31.00
1102	2 SKS	CaCl2 1%	35.70	71.40
1110 A	10 SKS	Kol-Seal 4# per/sk	15.75	157.50
5407 A	11.0 TONS	20 Miles	.85	187.00
5502 C	3 HRS	80 BBL VAC TRUCK	78.00	234.00
1123	3000 gals	City Water	11.50 ^{per 1000}	34.50
4404	1	4 1/2 Top Rubber Plug	35.00	35.00
4444310	1	Rotating Cement Swivel	40.00	40.00
		Sub Total		3710.30
		SALES TAX 6.3%		157.01
		ESTIMATED TOTAL		3867.31

Shankie's

TITLE OWNERS

197, 108

DATE 10-13-04