

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32309
Name: Presco Western, LLC
Address 5665 FLATIRON PARKWAY
City/State/Zip BOULDER CO 80301
Purchaser: High Sierra Crude Mktg (Oil); BP (Gas)
Operator Contact Person: Randy M. Verret
Phone (303) 305-1163
Contractor: Name: Xtreme Coil Tubing
License: 33976
Wellsite Geologist: Not Applicable
Designate Type of Completion

API NO. 15- 081-21718-0000
County Haskell
SW - SE - NE - NW Sec. 30 Twp. 30 S. R. 33 E W
1,060 Feet from S(N circle one) Line of Section
2,301 Feet from E(W circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name SWLVLU Well # I14
Field Name Lemon Victory
Producing Formation Lansing
Elevation: Ground 2,964.9' Kelley Bushing 2,977'
Total Depth 4,512' Plug Back Total Depth 4,202'
Amount of Surface Pipe Set and Cemented at 1,748 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3,240 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Reentry: 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. _____
7/4/07 7/14/07 7/26/07
Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) ALT I W H m
12-17-07
Chloride content 5,000 ppm Fluid volume 1,100 bbls
Dewatering method used Air Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name Not Applicable
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W
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 on 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 _____
Title Manager- Business & Regulatory Affairs Date 11/19/07
Subscribed and sworn to before me this _____ day of November
20 07
Notary Public Ruthless S. Her My Commission Expires 02/12/2011
Date Commission Expires 2-12-2011

KCC Office Use ONLY **RECEIVED**
KANSAS CORPORATION COMMISSION
N Letter of Confidentiality Attached
✓ If Denied, Yes Date: **NOV 20 2007**
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
CONSERVATION DIVISION
WICHITA, KS

Operator Name Presco Western, LLC

Lease Name SWLVLU

Well # I14

Sec. 30 Twp. 30 S.R. 33 East West

County Haske11

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. 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 (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

Cement Bond/Gamma Ray/CCL/Variable Density & Cased Hole Compensated Nuutron/Gamma Ray/CCL

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
Heebner	4,033'	-1,056'
Lansing	4,132'	-1,155'

CASING RECORD New 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	12-1/4"	8-5/8"	23.0	1,748'	ASC	150	10%Salt/2%Gel
					Lite	575	3%CC 1/4 Flo
Production	7-7/8"	4-1/2"	10.5	4,432'	Lite/ASC	525/250	2%CC 10% Salt

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
4	4,132' -4,142' (Lansing)	24 bbls 15% HCL Acid/30 bbls Flush	
4	4,152' -4,161' (Lansing)	24 bbls 15% HCL Acid/30 bbls Flush	
	CIBP @ 4,202'	(2% KCL)	

TUBING RECORD	Size <u>2-3/8"</u>	Set At <u>4,104'</u>	Packer At <u>4,104'</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr.	Producing Method
No Production- Convert to Injection	<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. <u>N/A</u>	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____

ALLIED CEMENTING CO., INC. 25988

Federal Tax I.D. _____

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

SERVICE POINT: Oakley

DATE <u>7-7-07</u>	SEC <u>30</u>	TWP <u>30</u>	RANGE <u>33w</u>	CALLED OUT	ON LOCATION <u>12:00 PM</u>	JOB START	JOB FINISH
LEASE <u>SWLVL 4</u>	WELL # <u>I-14</u>	LOCATION <u>1 1/2 S 1/2 E 4 S WINTO</u>			COUNTY <u>Wesport</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Xtreme Drilling #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4" TD 1750'

CASING SIZE 8 5/8" DEPTH 1753'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 26.07'

CEMENT LEFT IN CSG. 26.07'

PERFS. _____

DISPLACEMENT NO BOL

OWNER Same

CEMENT

AMOUNT ORDERED 575 sks Lite 38cc

14# Flo-seal

150 sks 150 2% gel 10% salt

COMMON	@		
POZMIX	@		
GEL <u>3 sks</u>	@	<u>16.5</u>	<u>49.95</u>
CHLORIDE <u>19 sks</u>	@	<u>46.10</u>	<u>875.90</u>
ASC <u>150 sks</u>	@	<u>14.90</u>	<u>2235.00</u>
<u>Lite 575 sks</u>	@	<u>11.85</u>	<u>6818.75</u>
<u>salt 14 sks</u>	@	<u>19.20</u>	<u>268.80</u>
<u>Flo-seal 144#</u>	@	<u>2.00</u>	<u>288.00</u>
HANDLING <u>905 sks</u>	@	<u>1.90</u>	<u>1719.50</u>
MILEAGE <u>9¢ sk/mile</u>			<u>2535.75</u>
TOTAL			<u>14626.15</u>

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

423-281-420 HELPER Alan Wayne

BULK TRUCK DRIVER REX

373

BULK TRUCK DRIVER Terry R

394

REMARKS:

MIX 575 SKS LITE 38CC

14# FLO-SEAL 150 SKS 150

150 2% GEL 10% SALT

14# FLO-SEAL

905 SKS HANDLING

9¢ SK/MILE MILEAGE

Thank you

SERVICE

DEPTH OF JOB 1753'

PUMP TRUCK CHARGE 1610.00

EXTRA FOOTAGE @ _____

MILEAGE 35 miles @ 6.00 210.00

MANIFOLD Head rental @ 100.00

CHARGE TO: Presco Western

STREET _____

CITY SWLVL STATE KS ZIP _____

TOTAL 1920.00

PLUG & FLOAT EQUIPMENT

1 Guide shoe 250.00

1 sure seal float collar @ 570.00

10 centralizers @ 55.00 550.00

1 cement basket @ 200.00

2 down hole lock @ 30.00 60.00

1 Rubber plug @ 100.00

TOTAL 1760.00

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE _____

PRINTED NAME _____

ALLIED CEMENTING CO., INC.

28619

Federal Tax I.D.

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

SERVICE POINT

Osage, KS

DATE <u>5-14-07</u>	SEC <u>30</u>	TWP <u>30</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION <u>3:30 PM</u>	JOB START <u>10:00 AM</u>	JOB FINISH <u>11:00 AM</u>
LEASE <u>SWLULU</u>	WELL # <u>14</u>	LOCATION <u>Santa Fe 25-156-30W</u>		COUNTY <u>Harold</u>	STATE <u>KS</u>		
OLD OR NEW (Circle one)							

CONTRACTOR <u>Xtreme Al</u>	OWNER <u>same</u>	
TYPE OF JOB <u>2 1/2" (Top hole)</u>		
HOLE SIZE	T.D.	CEMENT
CASING SIZE <u>4" 10.5</u>	DEPTH <u>3240</u>	AMOUNT ORDERED <u>5 25 1 No</u>
TUBING SIZE	DEPTH	
DRILL PIPE	DEPTH	
TOOL	DEPTH	
PRES. MAX	MINIMUM	COMMON
MEAS. LINE	SHOE JOINT	POZMIX
CEMENT LEFT IN CSG.		GEL
PERFS		CHLORIDE
DISPLACEMENT <u>51.5</u>		ASC

EQUIPMENT

PUMP TRUCK # <u>423</u>	CEMENTER <u>Terry</u>	HELPER <u>Wally</u>
BULK TRUCK # <u>373</u>	DRIVER <u>Terry</u>	
BULK TRUCK # <u>394</u>	DRIVER <u>Terry</u>	

<u>Line</u>	<u>325</u>	@	<u>11.25</u>	<u>5906.25</u>
<u>Line</u>	<u>181</u>	@	<u>2.00</u>	<u>262.00</u>
<u>Line</u>	<u>578</u>	@	<u>1.92</u>	<u>1097.76</u>
<u>MILEAGE</u>	<u>109.21 mile</u>	@	<u>17.20</u>	<u>1858.37</u>
TOTAL				<u>9599.28</u>

REMARKS:

Min 50500 lbs 2 1/2" hole
1 1/2" 10.5 seal down and pump
1 1/2" 10.5 Displace plus No DU Tool
1 1/2" 10.5 press 10000' land 1 shot
DU @ 1600# cemented at
1600' 20' 10" 10.5
Plug down @ 10 30pm
THANKS TO ALLIED

SERVICE

DEPTH OF JOB	<u>3240</u>
PUMP TRUCK CHARGE	<u>9599.28</u>
EXTRA FOOTAGE	@
MILEAGE	@ <u>18.00</u>
MANIFOLD <u>Hand</u>	@ <u>100.00</u>
TOTAL <u>1055.28</u>	

CHARGE TO: Pizza Warehouse LLC

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	
TOTAL		

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME

ALLIED CEMENTING CO., INC.

28618

Federal Tax I.D. [REDACTED]

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

SERVICE POINT

ORIG. KS

DATE 7-14-07	SEC. 30	TWP. 30	RANGE 33a	CALLED OUT	ON LOCATION	JOB START 7:30 AM	JOB FINISH 5:30 PM
LEASE SWILVLU	WELL # T-19	LOCATION Sataha 25-26 St			COUNTY Hamilton	STATE KS	
OLD OR NEW (Circle one)							

CONTRACTOR Y-tine D L #1	OWNER Same
TYPE OF JOB 2-Step Barton Valve	CEMENT
HOLE SIZE 7 7/8	T.D. 4432
CASING SIZE 4 1/2	DEPTH 4432
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL BU	DEPTH 3240
PRES. MAX 1300	MINIMUM 700
MEAS. LINE	SHOE JOINT 40
CEMENT LEFT IN CSG. 40	
PERFS.	
DISPLACEMENT 69.83 BBLs	

EQUIPMENT

PUMP TRUCK CEMENTER Fuzzy Bob
493 HELPER Kelly

BULK TRUCK
394 DRIVER Samy

BULK TRUCK
373 DRIVER Lannie

COMMON ASC	100	@	4.99	499.00
POZMIX		@		
GEL	2	@	16.50	33.00
CHLORIDE	3	@	46.00	138.00
ASC		@		
L-40	150	@	1.25	187.50
Glycol	500	@	.70	350.00
Salt	500	@	1.92	960.00
SL-160	47	@	10.50	493.50
W-500	30	@	2.20	66.00
HANDLING	250	@	1.70	425.00
MILEAGE	29.5	@	6.97	206.61
				TOTAL 3297.51

REMARKS:

100% ASC 29.5 @ 6.97
100% salt 500 @ 1.92
W-500 30 @ 2.20
SL-160 47 @ 10.50
Glycol 500 @ .70
Handling 250 @ 1.70
Mileage 29.5 @ 6.97
Total 3297.51

SERVICE

DEPTH OF JOB	4432'
PUMP TRUCK CHARGE	1675.00
EXTRA FOOTAGE	@
MILEAGE	35 @ 6.99 = 244.65
MANIFOLD head	@ 100.00
TOTAL 1995.00	

CHARGE TO: Piper Mountain LLC

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

Hand Pump	300.00
Blowdown	@ 385.00
Blowdown	@ 150.00
Blowdown	@ 450.00 = 1350.00
Blowdown	@ 3750.00
TOTAL 4960.00	

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TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE _____

PRINTED NAME _____