

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1
September 1989
Form Must Be Typed

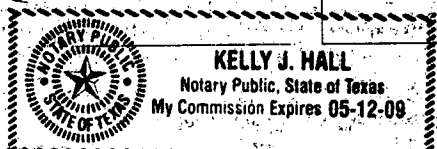
Operator: License # 31171
 Name: Continental Operating Co.
 Address: 1 Houston Center, 1221 McKinney Ste 3700
 City/State/Zip: Houston Tx. 77010
 Purchaser: _____
 Operator Contact Person: Melton Smith
 Phone: (713) 209-1110
 Contractor: Name: Western Well Service
 License: 32128
 Wellsite Geologist: _____
 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: Graham-Michaelis Corp.
 Well Name: Stamper #2 - 5
 Original Comp. Date: 10 - 10 - 85 Original Total Depth: 3337'
 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 - 8 - 06 5 - 19 - 06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 163 - 22749 - 00 - 01
 County: Rooks
 N2 SW NW SE Sec. 5 Twp. 8 S. R. 17 East West
1800 1776 feet from (S) N (circle one) Line of Section
2340 2329 feet from (E) W (circle one) Line of Section
 Footages Calculated from GPS-KCC-DIG Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Stamper Well #: 2-5
 Field Name: Lone Star
 Producing Formation: none
 Elevation: Ground: 1869' Kelly Bushing: _____
 Total Depth: 1741' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 1219' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____ well plugged
 feet depth to _____ w/ _____ sx cmt.
 Drilling Fluid Management Plan K3R 115108
 (Data must be collected from the Rosarva Pit)
 Chloride content _____ ppm Fluid volume 120 bbls
 Dewatering method used: _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: Continental Operating Co.
 Lease Name: Stamper C License No.: 31171
 Quarter _____ Sec. 32 Twp. 8 S. R. 17 East West
 County: Rooks Docket No.: E26, 843 - 0003

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: Gregory A. Mitschke
 Title: Senior Vice President Date: _____
Continental Operating Co.
 Subscribed and sworn to before me this 5th day of January
 20 07
 Notary Public: Kelly J. Hall
 Date Commission Expires: 5-12-09



KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 11 2007

CONSERVATION DIVISION
WICHITA, KS

Side Two

Operator Name: Continental Operating Co. Lease Name: Stamper Well #: 2-5
 Sec. 5 Twp. 8 S. R. 17 East West County: Rooks

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 Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum
 Name _____ Top _____ Datum _____

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

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First Resumerd Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	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 (If vented, Submit ACO-13.) Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____

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