

AMENDED

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5003
Name: McCoy Petroleum Corporation
Address: 8080 E. Central, Suite #300,
City/State/Zip: Wichita, KS 67212-3240
Purchaser: Gas: Semgas
Operator Contact Person: Scott Hampel
Phone: 316-636-2737 x 104
Contractor: Name: Stering Drilling Rig #2
License: 5142
Wellsite Geologist: Terry McLeod

API No.: 15-097-21570-0001
County: Kiowa

C N E N E Sec 28 Twp 30 S. Rng 18 East West
660 feet from N S (check one) Line of Section
660 feet from E W (check one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(check one) NE SE NW SW

Lease Name: PAXTON TRUST UNIT Well #: #1-28

Field Name: Alford

Producing Formation: Mississippian / Cherokee

Elevation: Ground: 2158' Kelly Bushing: 2167'

Total Depth: 5130' Plug Back Total Depth: 5089'

Amount of Surface Pipe Set and Cemented at 727 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.

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

If Workover/Re-entry: Old Well Info as follows:

Operator: McCoy Petroleum Corporation

Well Name: PAXTON TRUST UNIT #1-28

Original Comp. Date: 10/15/05 Original Total Depth: 5130'

_____ 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. _____

9/24/07 8/2/05 12/4/07

Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date

Drilling Fluid Management Plan Oww0- Ait I ncr
(Data must be collected from the Reserve Pit) 1-30-09

Chloride content 13,000 ppm Fluid volume 1800 bbls

Dewatering method used Evaporation

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: Scott Hampel
Scott Hampel

Title: Vice President - Production Date: 2/8/08

Subscribed and sworn to before me this 8th day of February

20 08
Notary Public: Brent B. Reinhardt
Brent B. Reinhardt

Date Commission Expires: 12/7/2011

KCC Office Use ONLY
N Letter of Confidentiality Attached
If Denied, Yes Date - _____
Wireline Log Received _____
Geologist Report Received _____
UIC Distribution _____
RECEIVED
KANSAS CORPORATION COMMISSION
FEB 11 2008

Operator Name: McCoy Petroleum Corporation Lease Name: PAXTON TRUST UNIT Well #: #1-28
 Sec 28 Twp 30 S. R. 18 East West County: Kiowa County, KS

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: Previous Submitted

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
Previous Submitted

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	12 1/4"	8 5/8"	23#	727'	A-Con	375	3%CC, 2%Gel 1/4#/sx Celloflake
Production	7 7/8"	4 1/2"	10.5#	5128'	AA-2 Blend	150	10%Salt, .75%GB 1#/sx Flocele

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 (Amount and Kind of Material Used)	Depth
4	4947-4952, Cherokee	AC: 500 gals, 15% NEFE. REAC: 1250 gals 15% NEFE.	4995'

TUBING RECORD Size 2 3/8" Set At 5044' Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 12/4/07 Producing Method Flowing Pumping Gas Lift Other (Explain)
 Estimated Production Per 24 Hours Oil (Bbls) 2 Gas (Mcf) 120 Water (Bbls) 0 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 5005-5009' = Mississippian
44947-4952' = Cherokee