

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASING

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 3882
Name: SAMUEL GARY JR. & ASSOCIATES, INC.
Address: 1670 BROADWAY, SUITE 3300
City/State/Zip: DENVER, CO 80202-4838
Purchaser: GARY-WILLIAMS ENERGY CORPORATION
Operator Contact Person: TOM FERTAL
Phone: (303) 831-4673

API No. 15 - 15-053-21159-0000
County: ELLSWORTH
NW SE SE Sec. 27 Twp. 17 S. R. 10 East West
700 feet from SOUTH Line of Section
1170 feet from EAST Line of Section

Contractor: Name: PETROMARK DRILLING
License: 33323
Wellsite Geologist: JUSTIN CARTER

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Name: SCHEPMANN Well #: 2-27
Field Name: WILDCAT

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

Producing Formation: ARBUCKLE
Elevation: Ground: 1833' Kelly Bushing: 1839'
Total Depth: 3408' Plug Back Total Depth: 3362'
Amount of Surface Pipe Set and Cemented at 425 Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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. _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *ALT I WHH 5-2-07*
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.: _____

11/17/2005 11/24/2005 2/10/2006
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South 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.

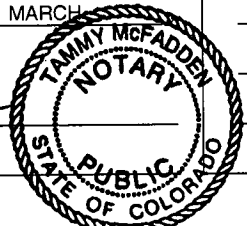
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Thomas J Fertal

Title: SR. GEOLOGIST Date: 3/13/2006

Subscribed and sworn to before me this 13TH day of MARCH

2006
Notary Public: Tammy McGadden
Date Commission Expires: _____



My Commission Expires
SEPTEMBER 22, 2009

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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MAR 13 2006

KCC

Operator Name: SAMUEL GARY JR & ASSOCIATES, INC. Lease Name: SCHEPMANN Well #: 2-27
 Sec. 27 Twp. 17 S. R. 10 East West County: ELLSWORTH

INSTRUCTIONS: Show important tops and base of formation penetrated. Detail all cores. Report all final copes of 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geologist well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOPEKA	2604'	-765'
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	2862'	-1023'
List All E. Logs Run:	DUAL INDUCTION	DOUGLAS	2892'	-1053'
	DENSITY - NEUTRON	BRN LIME	2979'	-1140'
	SONIC LOG	LANSING	2994'	-1155'
	MICROLOG	ARBUCKLE	3311'	-1472'
		TD	3408'	

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MAR 14 2006

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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"	28	425'	CLASS A	170	2% GEL & 3% CC
PRODUCTION	7-7/8"	5-1/2"	14	3406'	ALW ASC	125 100	1/4#/SK FLOCELE 5#/SK GILSONITE, 3/4%CD-31

CONSERVATION DIVISION
WICHITA, KS

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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 JSPF	3318 - 20	3322 - 24	NONE		3318 - 24 OA

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MAR 13 2006
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TUBING RECORD	Size 2-3/8"	Set At 3353'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 2/10/06	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls. 25	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval 3318 - 24 OA
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Allied Cementing Co., Inc
P.O. Box 31

Russell, KS 67665

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MAR 13 2006

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RECEIVED
KANSAS CORPORATION COMMISSION

MAR 14 2006

CONSERVATION DIVISION
WICHITA, KS

Invoice Number: 099477

Invoice Date: 11/21/05

* INVOICE *

V51978

Sold Samuel Gary, Jr. & Assoc.
To: % Larson Engineering, Inc.
562 W. Highway #4
Olmitz, KS
67561-8561

Cust I.D.....: Gary
P.O. Number...: Schepmann 2-27
P.O. Date.....: 11/21/05

Due Date.: 12/21/05
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	235.00	SKS	8.7000	2044.50	T
Gel	5.00	SKS	14.0000	70.00	T
Chloride	7.00	SKS	38.0000	266.00	T
Handling	247.00	SKS	1.6000	395.20	E
Mileage	24.00	MILE	14.8200	355.68	E
247 sks @.06 per sk per mi					
Surface	1.00	JOB	670.0000	670.00	E
Extra Footage	125.00	PER	0.5500	68.75	E
Mileage pmp trk	24.00	MILE	5.0000	120.00	E
Plug	1.00	EACH	55.0000	55.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 404.51
ONLY if paid within 30 days from Invoice Date

Subtotal: 4045.13
Tax.....: 153.44
Payments: 0.00
Total....: 4198.57

<404.51>

3794.06

DRLG COMP W/O LOE

AFE # 227

ACCT # 135/60

APPROVED BY J.C. Larson

ALLIED CEMENTING CO., INC.

22607 ✓

Federal Tax I.D. _____ INITIAL _____

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

MAR 13 2006

SERVICE POINT: Mud and Bind

DATE <u>11-17-05</u>	SEC <u>27</u>	TWP. <u>17</u>	RANGE <u>10 W</u>	CALLED OUT <u>6 AM</u>	ON LOCATION <u>8 AM</u>	JOB START <u>12 PM</u>	JOB FINISH <u>1 PM</u>
SCHNEPPMANN LEASE				KCC		COUNTY <u>Ellsworth</u> STATE <u>K.S.</u>	
WELL# <u>2-27</u>			LOCATION <u>Bushton + 4 Hwy + Holy Rod</u>			OLD OR <input checked="" type="radio"/> NEW (Circle one)	
			<u>1N 2 W N15</u>				

CONTRACTOR Potromark Rig #2
 TYPE OF JOB Surface Pipe
 HOLE SIZE 12 1/2 T.D. 426 #
 CASING SIZE 2 7/8 DEPTH 425 #
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15 #
 PERFS. _____
 DISPLACEMENT 25 1/2 bbl

OWNER _____
 CEMENT AMOUNT ORDERED 235 Common
32cc 229 #

COMMON	<u>235</u>	@	<u>8.70</u>	<u>2044.50</u>
POZMIX		@		
GEL	<u>5 #</u>	@	<u>14.00</u>	<u>70.00</u>
CHLORIDE	<u>7 #</u>	@	<u>38.00</u>	<u>266.00</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>247 #</u>	@	<u>1.60</u>	<u>395.20</u>
MILEAGE	<u>247 #</u>	@	<u>24</u>	<u>355.68</u>
			TOTAL	<u>3131.38</u>

EQUIPMENT

PUMP TRUCK # 181 CEMENTER Mike M. HELPER Rick H.
 BULK TRUCK # 341 DRIVER Don D.
 BULK TRUCK # _____ DRIVER _____

REMARKS:

Circulate Hole with mud pump
Mix Cement Release Plug +
Displace Plug Down with water
Cement did Circulate To
Surface

SERVICE

DEPTH OF JOB	<u>425 #</u>			
PUMP TRUCK CHARGE				<u>670.00</u>
EXTRA FOOTAGE	<u>125</u>	@	<u>.55</u>	<u>68.75</u>
MILEAGE	<u>24</u>	@	<u>5.00</u>	<u>120.00</u>
MANIFOLD		@		
		@		
			TOTAL	<u>858.75</u>

CHARGE TO: Samuel Mary
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 7/8 Two Cup Plug</u>	@	<u>55.00</u>	<u>55.00</u>
	@		
	@		
	@		
	@		
			TOTAL <u>55.00</u>

To Allied Cementing Co., Inc. 446
 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]

[Signature]
 PRINTED NAME _____

Allied Cementing Co., Inc
P.O. Box 31

RECEIVED
KANSAS CORPORATION COMMISSION

* I N V O I C E *

Russell, KS 67665

MAR 14 2006

CONFIDENTIAL

CONSERVATION DIVISION

WICHITA, KS Invoice Number: 099644

MAR 13 2006

Invoice Date: 11/29/05

151982

KCC

Sold Samuel Gary, Jr. & Assoc.
To: % Larson Engineering, Inc.
562 W. Highway #4
Olmitz, KS
67561-8561

Cust I.D.....: Gary
P.O. Number...: Schepmann 2-27
P.O. Date.....: 11/29/05

Due Date.: 12/29/05
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
ALW	125.00	SKS	8.1500	1018.75	T
ASC	100.00	SKS	10.7500	1075.00	T
AS Flush	500.00	GAL	1.0000	500.00	T
ACD-31	50.00	PER	6.2500	312.50	T
D-Foam	16.00	PER	5.7500	92.00	T
FloSeal	31.00	LBS	1.7000	52.70	T
Salt	6.00	SKS	15.7500	94.50	T
KolSeal	500.00	LBS	0.6000	300.00	T
Handling	265.00	SKS	1.6000	424.00	E
Mileage	24.00	MILE	15.9000	381.60	E
265 sks @.06 per sk per mi					
Production	1.00	JOB	1320.0000	1320.00	E
Mileage pmp trk	24.00	MILE	5.0000	120.00	E
Rotating Head	1.00	PER	75.0000	75.00	E

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 576.60
ONLY if paid within 30 days from Invoice Date

Subtotal: 5766.05
Tax.....: 217.06
Payments: 0.00
Total....: 5983.11

(576.60)
5406.51

DRLG COMP W/O LOE
AFE # 227
ACCT # 137/60
APPROVED BY JC Larson

ALLIED CEMENTING CO., INC. 22610

Federal Tax I.D.
CONFIDENTIAL

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

MAR 13 2006

SERVICE POINT: Great Bend

DATE <u>11-24-05</u>	SEC <u>27</u>	TWP <u>17</u>	RANGE <u>10w</u>	CATTLED OUT <u>KCC 3 AM</u>	ON LOCATION <u>5 AM</u>	JOB START <u>6 AM</u>	JOB FINISH <u>9 AM</u>
LEASE <u>Schepmann</u>			WELL# <u>2-27</u>	LOCATION <u>H Hwy + Holy Road BT</u>		COUNTY <u>Ellsworth</u>	STATE <u>K.S.</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>1N 1/2 W N15</u>				

CONTRACTOR Petromark Rig # 2 OWNER _____

TYPE OF JOB Production

HOLE SIZE 8 1/2 T.D. 3410 ft

CASING SIZE 14" 5 1/2 DEPTH 3406 ft

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 42.66

CEMENT LEFT IN CSG. 42.66

PERFS. _____

DISPLACEMENT 82

EQUIPMENT

PUMP TRUCK CEMENTER Mike M.

120 HELPER Robert B.

BULK TRUCK

259 DRIVER Terry L.

BULK TRUCK

_____ DRIVER _____

CEMENT

AMOUNT ORDERED 125 65 67 gal 1#

100# ASC 5# Holseal w/p 31 + Petromer

500 gal wFR 2

COMMON <u>AW 125#</u>	@	<u>8.75</u>	<u>1018.75</u>
POZMIX _____	@	_____	_____
GEL _____	@	_____	_____
CHLORIDE _____	@	_____	_____
ASC <u>100#</u>	@	<u>10.75</u>	<u>1075.00</u>
<u>ASTHUS 500#</u>	@	<u>1.00</u>	<u>500.00</u>
<u>ACA-31 50#</u>	@	<u>6.25</u>	<u>312.50</u>
<u>D-FOAM 16#</u>	@	<u>5.75</u>	<u>92.00</u>
<u>HOSEAL 31#</u>	@	<u>1.70</u>	<u>52.70</u>
<u>SALT 600#</u>	@	<u>15.75</u>	<u>94.50</u>
<u>KOLSEAL 500#</u>	@	<u>.60</u>	<u>300.00</u>
_____	@	_____	_____
_____	@	_____	_____
HANDLING <u>265#</u>	@	<u>1.60</u>	<u>424.00</u>
MILEAGE <u>265# 06</u>	<u>24</u>	_____	<u>381.60</u>
			TOTAL <u>4251.05</u>

REMARKS:

Circulate Hole with Rig mud pump

for 1 hr

Pump wFR 2 Down + Then Plug

Root Hole Pump cement Down +

The plug Root Hole Release.

Plug w Pump Plug Down with

water

CHARGE TO: Samuel Gary

STREET _____

CITY _____ STATE _____ ZIP _____

Thank
you
689

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.

SIGNATURE X T.C. Larson

SERVICE

DEPTH OF JOB 3406 ft

PUMP TRUCK CHARGE _____ 1320.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 24 @ 5.00 120.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1440.00

PLUG & FLOAT EQUIPMENT

Rotating Head @ _____ 75.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 75.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X T.C. LARSON

PRINTED NAME