

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 7383
Name: Grady Bolding Corporation
Address: P.O. Box 486
City/State/Zip: Ellinwood, Kansas 67526
Purchaser: NCRA / Lumen Energy
Operator Contact Person: Grady Bolding

Phone: (620) 564-2240
Contractor: Name: Vonfeldt Drilling, Inc.

License: 9431
Wellsite Geologist: James C. Musgrove

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. _____

<u>9/26/03</u>	<u>10/2/03</u>	<u>10/2/03</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
		<u>10/17/03</u>

API No. 15 - 009-24766-0000

County: Barton

SE SE NE Sec. 20 Twp. 19S S. R. 14 East West

2970 feet from (S) N (circle one) Line of Section

330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Mauler Well #: 2

Field Name: Heizer SW

Producing Formation: Lansing - Kansas City

Elevation: Ground: 1889 Kelly Bushing: 1894

Total Depth: 3600 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 805' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1940 Feet

If Alternate II completion, cement circulated from 1940

feet depth to surface w/ 175 sx cmt.
65/35; 100 sx ASC

Drilling Fluid Management Plan *AKI KGR 1-29-08*
(Data must be collected from the Reserve)

Chloride content 37000 ppm Fluid volume 1000 bbls

Dewatering method used Allow to dry and backfill

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] Lyle L. Gunn

Title: Sec./Treas. Date: 12/10/03

Subscribed and sworn to before me this 10th day of December

20 03

Notary Public: [Signature]

Jenny Kasselmann

Date Commission Expires: 7/16/06

KCC Office Use ONLY

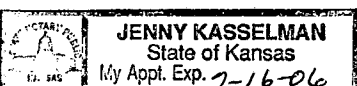
Letter of Confidentiality Attached

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution



Operator Name: Grady Bolding Corporation Lease Name: Mauler Well #: 2
 Sec. 20 Twp. 19S S. R. 14 East West County: Barton

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:
 Dual Induction
 Dual Compensated Porosity
 Microresistivity
 Sonic Cement Bond

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 see attached

RECEIVED
DEC 12 2003
KCC WICHITA

CASING RECORD <input 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"	24#	805	60/40	400	2% gel, 3% .CC
Prod. Casing	7 7/8	4 1/2"	10.5#	3596	ASC	150	5 lbs KolSeal/sx 500 gal ASF

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	1940	65/35	175	65/35 - 6% gel, 1/4# FloSeal/sx
<input type="checkbox"/> Plug Back TD		ASC	100	
<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	3218-24	500 gal MCA	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
		2 3/8	3536	--	
Date of First, Resumerd Production, SWD or Enhr. 10/25/03			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	40	30 mcf (est)	trace		

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)
 METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 3218-24
 Production Interval Other (Specify)

ALLIED CEMENTING CO., INC. 12773

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

ORIGINAL SERVICE POINT: Great Bend

DATE: <u>9-27-03</u>	SEC: <u>20</u>	TWP: <u>19</u>	RANGE: <u>14W</u>	CALLED OUT: <u>10:30 am</u>	ON-LOCATION: <u>11:30 am</u>	JOB START: <u>12:30 pm</u>	JOB FINISH: <u>1:15 pm</u>
LEASE: <u>Maulie</u>		WELL #: <u>#2</u>		LOCATION: <u>Heizer 1 3/4 miles -</u>		COUNTY: <u>Barton</u>	STATE: <u>KS</u>
OLD OR NEW (Circle one): <u>NEW</u>				West into			

CONTRACTOR _____

TYPE OF JOB: Surface Pipe

HOLE SIZE: 12 1/4 T.D. 805'

CASING SIZE: 8 5/8 DEPTH: 805'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. approx 15' -

PERFS. _____

DISPLACEMENT 51 BBL's

OWNER: Grady Bolding Corp

CEMENT AMOUNT ORDERED: 400 ex 60/40 2 1/2

EQUIPMENT:

PUMP TRUCK # 181 CEMENTER Jack
HELPER T.O.

BULK TRUCK # 344 DRIVER Steve

BULK TRUCK # _____ DRIVER _____

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

RECEIVED TOTAL

DEC 12 2003

REMARKS:

Run 19 jts of 8 5/8 csg cement with
400 ex cement - Displace plug with
51 BBL's of Fresh Water -
Cement did Cure

Thanks

KCC WICHITA SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG 11-8 5/8 Tubing @ _____

_____ @ _____

CHARGE TO: Grady Bolding Corp

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

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.

TOTAL

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE: Grady Bolding

PRINTED NAME: Grady Bolding

