

ORIGINAL

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

RECEIVED

OCT 29 2002

Form ACO-1
September 1999
Form Must Be Typed

KCC WICHITA

05105631 - 00-01

Operator: License # 32754
Name: Elysium Energy, L.L.C.
Address: 1625 Broadway, Suite 2000
City/State/Zip: Denver, CO 80202
Purchaser: NCRA
Operator Contact Person: Chris Gottschalk
Phone: (785) 434-4638
Contractor: Name: Fischer Well Service
License: 32332
Wellsite Geologist: NA

API No. 15 - 05105631 - 15 051 05631-00-01
County: Ellis
N2 SE SW Sec. 12 Twp. 11 S. R. 18 East West
990' feet from (S) N (circle one) Line of Section
3300' feet from (E) W (circle one) Line of Section

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

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Sites Well #: 4
Field Name: Bemis-Shuttles

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: A Sites #4
Original Comp. Date: 3/5/40 Original Total Depth: 3353'
 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. _____

Producing Formation: Arbuckle
Elevation: Ground: 1858' Kelly Bushing: 1863'
Total Depth: 3353' Plug Back Total Depth: 3353'
Amount of Surface Pipe Set and Cemented at 1088' 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.

8/6/02 9/16/02
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan OUUWO RGR 1/18/08
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume 180 bbls
Dewatering method used Hauled to disposal
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: Chris Gottschalk
Title: Prod. Superintendent Date: 10/28/02

Subscribed and sworn to before me this 28 day of October, 2002

19 _____
Notary Public: Michelle R. Haas

Date Commission Expires: _____

 **NOTARY PUBLIC, State of Kansas**
MICHELLE R. HAAS
My Appt. Exp. 12/11/03

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

JANIGIRO

Operator Name: Elysium Energy, L.L.C. Lease Name: Sites
 Sec. 12 Twp. 11 S. R. 18 East West County: Ellis

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 <input type="checkbox"/> Yes No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes No Cores Taken Yes No Electric Log Run Yes No <i>(Submit Copy)</i> List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Log Name</th> <th style="width:40%;">Formation (Top), Depth and Datum</th> <th style="width:30%;">Sample</th> </tr> <tr> <td></td> <td style="text-align: center;">Top Datum</td> <td style="text-align: center;">Datum</td> </tr> </table>	Log Name	Formation (Top), Depth and Datum	Sample		Top Datum	Datum
Log Name	Formation (Top), Depth and Datum	Sample					
	Top Datum	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
		1500 gal 15% NE Acid	3349-53'
		4001 bbls. Polymer	3349-53'
		250 gal 15% NE Acid	3106-10'
		1500 gal 15% NE Acid, 750# rock salt	2936-95'

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	3320'		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
8/27/02	Flowing <input type="checkbox"/>	Pumping <input checked="" type="checkbox"/>	Gas Lift <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	114		68		

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Summit ACO-18.)</i>	<input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Arbuckle OH 3349-3352' Topeka 2936-95', LKC 3106-10'

NOTARY PUBLIC, STATE OF KANSAS
 MICHELLE R. HARRIS
 My Comm. Exp. _____