

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: Discovery Drilling Co., Inc.
License: 31548
Wellsite Geologist: Ron Nelson
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: _____
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>2/10/05</u>	<u>2/13/05</u>	<u>2/24/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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 KANSAS CORPORATION COMMISSION
 JUN 11 2005
 CONSERVATION DIVISION
 WICHITA, KS

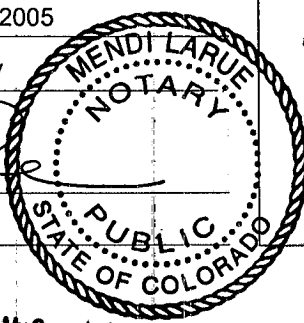
API No. 15 - 051-25389-0000
County: Ellis
NE NE Sec. 27 Twp. 11 S. R. 17 East West
660 feet from S / N (circle one) Line of Section
800 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Baumer "B" Well #: 52
Field Name: Bemis-Shutts
Producing Formation: Arbuckle
Elevation: Ground: 1939' Kelly Bushing: 1947'
Total Depth: 3465' Plug Back Total Depth: 3440'
Amount of Surface Pipe Set and Cemented at 220.9 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 3457
feet depth to surface w/ 500 sx cmt.

Drilling Fluid Management Plan A17 II NCR 8-5-08
(Data must be collected from the Reserve Pit)
Chloride content 12000 ppm Fluid volume 320 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: [Signature]
Title: Regulatory Engineer Date: 5/31/2005
Subscribed and sworn to before me this 31st day of May
2005
Notary Public: [Signature]
Date Commission Expires: 8/26/2006



KCC Office Use ONLY

NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ORIGINAL

Operator Name: Elysium Energy, L.L.C. Lease Name: Baumer "B" Well #: 52
 Sec. 27 Twp. 11 S. R. 17 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 <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Sonic, Induction, Micro, CNL/CDL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Top Anhydrite</td> <td>1148</td> <td>+796</td> </tr> <tr> <td>Topeka</td> <td>2844</td> <td>-900</td> </tr> <tr> <td>Toronto</td> <td>3106</td> <td>-1162</td> </tr> <tr> <td>LKC</td> <td>3130</td> <td>-1185</td> </tr> <tr> <td>Arbuckle</td> <td>3395</td> <td>-1451</td> </tr> </table>	Name	Top	Datum	Top Anhydrite	1148	+796	Topeka	2844	-900	Toronto	3106	-1162	LKC	3130	-1185	Arbuckle	3395	-1451
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LKC	3130	-1185																	
Arbuckle	3395	-1451																	

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	220.9	Common	150	2% gel, 3%CC
Production	7-7/8"	5-1/2"	15.5	3457	SMDC	350	11.2 ppg
						150	14 ppg

ADDITIONAL CEMENTING / SQUEEZE RECORD Cement did not circulate				
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	3395-99'	RECEIVED KANSAS CORPORATION COMMISSION JUN 01 2005 CONSERVATION DIVISION WICHITA, KS	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2-7/8"	3409'			
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
2/24/2005		<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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
	16		194		

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, Sumit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	3395-3399'

ALLIED CEMENTING CO. INC.

18610
ORIGINAL

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

SERVICE POINT: 2

DATE <u>2-10-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>3-10-05</u>	JOB START <u>4-15-05</u>	JOB FINISH <u>5-10-05</u>
LEASE <u>7-10</u>	WELL # <u>7-10-3</u>	LOCATION <u>WELL # 7-10-3 JCT 25</u>			COUNTY <u>WICHITA</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR AT-SERVICE

TYPE OF JOB 5x10

HOLE SIZE 12 1/4 T.D. 221

CASING SIZE 8 5/8 DEPTH 221

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 10-15'

PERFS.

DISPLACEMENT 13 BBL

OWNER _____

CEMENT AMOUNT ORDERED 150.00m 371

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER ALICE

177 HELPER 3TU

BULK TRUCK

213 DRIVER ROGER

BULK TRUCK

DRIVER

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

REMARKS:

CEMENT OK

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

CHARGE TO: ELY-TUM

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2 WOOD @ _____

@ _____

@ _____

@ _____

TOTAL _____

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.

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE _____

PRINTED NAME _____

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WICHITA, KS



CHARGE TO: *Elysium Energy*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 7701

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>1. 1475 Ws</i>	WELL/PROJECT NO. <i>252</i>	LEASE <i>Bourne B</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>KS</i>	CITY	DATE <i>02/14/05</i>	OWNER
2. <i>NESS CITY, KS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Discovery Drilling, Inc</i>	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>16, Rue W. St. Catherine</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Develop</i>	JOB PURPOSE <i>CMT 5th long string</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOG	ACCT	DF		QTY.	UM	QTY.	UM	
<i>575</i>		<i>1</i>			MILEAGE <i>1105</i>	<i>30</i>	<i>mi</i>	<i>3</i>	<i>00</i>	<i>90 00</i>
<i>578</i>		<i>1</i>			<i>Rep service</i>	<i>1</i>	<i>cs</i>	<i>3450</i>	<i>FT</i>	<i>1250 00</i>
<i>250</i>		<i>1</i>			<i>D.A.</i>	<i>2</i>	<i>51</i>	<i>800</i>		<i>16 00</i>
<i>402</i>		<i>1</i>			<i>Controlizers</i>	<i>4</i>	<i>cs</i>	<i>5 1/2</i>	<i>in</i>	<i>220 00</i>
<i>403</i>		<i>1</i>			<i>Baskets</i>	<i>4</i>	<i>cs</i>	<i>5 1/2</i>	<i>in</i>	<i>560 00</i>
<i>406</i>		<i>1</i>			<i>Latch Down Plug & Sealle</i>	<i>1</i>	<i>cs</i>	<i>5 1/2</i>	<i>in</i>	<i>200 00</i>
<i>407</i>		<i>1</i>			<i>Instant Floet Stop w/ Auto Fill</i>	<i>1</i>	<i>cs</i>	<i>5 1/2</i>	<i>in</i>	<i>230 00</i>
<i>330</i>		<i>2</i>			<i>SMC Cement</i>	<i>525</i>	<i>96</i>	<i>10</i>	<i>25</i>	<i>5381 25</i>
<i>276</i>		<i>2</i>			<i>Floete</i>	<i>131</i>	<i>lbs</i>	<i>1</i>	<i>00</i>	<i>131 00</i>
<i>581</i>		<i>2</i>			<i>Service Charge CMRT</i>	<i>525</i>	<i>96</i>	<i>1</i>	<i>10</i>	<i>577 50</i>
<i>581</i>		<i>2</i>			<i>Drygas</i>	<i>78632</i>	<i>TN</i>	<i>90</i>		<i>707 69</i>

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *Thomas*
 DATE SIGNED *02/14/05* TIME SIGNED *1400*
 A.M.
 P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL *9,363 44*

TAX

TOTAL

ORIGINAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *D. A. Hess* APPROVAL

Thank You!