

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

ORIGINAL

Form ACO-1
September 1999
Must Be Typed

Operator: License # 33306
 Name: BLKAE EXPLORATION L.L.C.
 Address: BOKE
BOX 150
 City/State/Zip: BOGUE KANSAS 67625
 Purchaser: _____
 Operator Contact Person: MIKE DAVIGNON
 Phone: (785) 421-2921
 Contractor: Name: MURFIN DRLG. INC.
 License: 30606
 Wellsite Geologist: MIKE DAVIGNON
 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. _____
 1/12/06 1/19/06 1/19/06
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 065-23129-0000
 County: GRAHAM
NE NE SW NW Sec. 27 Twp. 10 S. R. 25 East West
1350 feet from S / N (circle one) Line of Section
1250 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Pfeifer Well #: #1
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 2515 Kelly Bushing: 2520
 Total Depth: 4075 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 219 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.

Drilling Fluid Management Plan P+A AIT I MR
 (Data must be collected from the Reserve Pit) 10-28-08
 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.: _____

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: AGENT Date: 3-31-06
 Subscribed and sworn to before me this 31 day of March
20 06.
 Notary Public: Mary Kay Davignon
 Date Commission Expires: 10/31/06
 Notary Public State of Kansas
 Mary Kay Davignon
 My Appt Exp 10/31/06

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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APR 07 2006

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Operator Name: BLKÆ EXPLORATION L.L.C. Lease Name: Pfeifer Well #: #1
 Sec. 27 Twp. 10 S. R. 25 East West County: GRAHAM

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:

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
	Name	Top Datum
	ANHYDRITE	2164 +356
	HEEBNER	3784 -1264
	LANSING	3823 -1303
	B-KC	4055 -1535

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	24#	219	COMMON	160	3%C.C. 2% GEL

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

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			Producing Method		
			<input type="checkbox"/> Flowing <input 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

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 _____

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ALLIED CEMENTING CO., INC. 13599

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

SERVICE POINT:
OAKLEY

DATE <u>1-13-06</u>	SEC <u>27</u>	TWP. <u>10S</u>	RANGE <u>25W</u>	CALLED OUT	ON LOCATION <u>8:00 Am</u>	JOB START <u>8:30 PM</u>	JOB FINISH <u>9:00 Am</u>
LEASE <u>PFEIFER</u>	WELL # <u>1</u>	LOCATION <u>ST PETER 25-3/4W-5 20</u>			COUNTY <u>GRAHAM</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>MURFIN DRILL RIG # 8</u>	OWNER _____
TYPE OF JOB <u>SURFACE</u>	
HOLE SIZE <u>12 1/4"</u> T.D. <u>219'</u>	CEMENT
CASING SIZE <u>8 5/8</u> DEPTH <u>219'</u>	AMOUNT ORDERED <u>160 SKS COM 38 CC 2866L</u>
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>160 SKS</u> @ <u>10%</u> <u>1600⁰⁰</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>15'</u>	GEL <u>3 SKS</u> @ <u>14%</u> <u>42⁰⁰</u>
PERFS. _____	CHLORIDE <u>5 SKS</u> @ <u>38%</u> <u>190⁰⁰</u>
DISPLACEMENT <u>12 3/4 GAL</u>	_____ @ _____
EQUIPMENT	_____ @ _____
PUMP TRUCK # <u>191</u> CEMENTER <u>TERRY</u>	_____ @ _____
HELPER <u>WAYNE</u>	_____ @ _____
BULK TRUCK # <u>399</u> DRIVER <u>MIKE</u>	HANDLING <u>168 SKS</u> @ <u>1.60</u> <u>268⁰⁰</u>
BULK TRUCK # _____ DRIVER _____	MILEAGE <u>64 PER SK</u> <u>1 MILE</u> <u>554⁰⁰</u>
	TOTAL <u>2655⁰⁰</u>

REMARKS:

SERVICE

CEMENT did CTRC.

DEPTH OF JOB <u>219'</u>	
PUMP TRUCK CHARGE _____	<u>670⁰⁰</u>
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>55 MI</u> @ <u>5%</u>	<u>275⁰⁰</u>
PLUG _____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
	TOTAL <u>945⁰⁰</u>

THANK YOU

CHARGE TO: BLAKE EXPLORATION

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

<u>8 5/8 SURFACE plug</u> @ _____	<u>55⁰⁰</u>
_____ @ _____	
_____ @ _____	
_____ @ _____	
_____ @ _____	
	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 Larry Pickner

LARRY PICKNER
PRINTED NAME

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