

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30717
Name: DOWNING-NELSON OIL COMPANY, INC
Address: PO BOX 372
City/State/Zip: HAYS, KS 67601
Purchaser: _____
Operator Contact Person: RON NELSON
Phone: (785) 621-2610
Contractor: Name: Discovery Drilling
License: 31548

Wellsite Geologist: RON NELSON
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. _____

03/04/06 03/10/06 03/11/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 195-22,327-00-00
County: TREGO
SE SW NW Sec. 26 Twp. 13 S. R. 22 East West
2310 feet from S / (N) (circle one) Line of Section
930 feet from E / (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE (NW) SW
Lease Name: LOFLIN Well #: 1-26
Field Name: WILDCAT

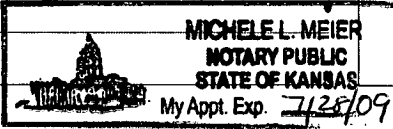
Producing Formation: CHEROKEE SAND
Elevation: Ground: 2358 Kelly Bushing: 2366
Total Depth: 4328 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 222.80 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1769 Feet
If Alternate II completion, cement circulated from 1769
feet depth to SURFACE w/ 160 sx cmt.

Alt 2 - Dig - 11/4/08
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 12,000 ppm Fluid volume 160 bbls
Dewatering method used HAULED FREE FLUIDS
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: VP Date: 5-22-06
Subscribed and sworn to before me this 22 day of May
20 06
Notary Public: [Signature]
Date Commission Expires: 7/28/09



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
MAY 25 2006
KCC WICHITA

ORIGINAL

Side Two

Operator Name: DOWNING-NELSON OIL COMPANY, INC Lease Name: LOFLIN Well#: 1-26
Sec. 26 Twp. 13 S. R. 22 [] East [x] West County: TREGO

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 <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
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOP ANHYDRITE	1807	+559
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BASE ANHYDRITE	1846	+520
List All E. Logs Run:		TOPEKA	3471	-1105
		HEEBNER	3701	-1335
		LKC	3734	-1368
		BKC	3980	-1614
		MARMATON	4083	-1717
		CHEROKEE SHALE	4131	-1765

Sonic, Micro, Compensated Density, Dual Induction

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"	20	222.80	COMMON	150	2% Gel & 3% CC
Production St.	7 7/8	5 1/2	14	4324.52	EA/2	150	
			DV Tool @	1769	SMDC	180	

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>	
		Amount	Depth
4	4166' - 4173'	150 Gal. 7.5% Mud Acid with Alcohol Phase and Clay Stabilizer	
		500 Gal. 7.5% Mud Acid with 10% Alcohol Phase and Clay Stabilizer	
		1000 Gal. 7.5% Mud Acid with Alcohol Phase and Clay Stabilizer	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	4294.34		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.	Producing Method			
04/17/06	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
	48	0	2	

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, Submit ACO-18.) Other *(Specify)*



CHARGE TO: Down-Port Co.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

RECEIVED
 MAY 25 2006
 KOC WICHITA

TICKET
 N° 9174

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>1146 V</u>	WELL/PROJECT NO. <u>1-26</u>	LEASE <u>Lubin</u>	COUNTY/PARISH <u>Texas</u>	STATE <u>T</u>	CITY	DATE <u>02-11-06</u>	OWNER
2. <u>24-1711</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>1146 V</u>	SHIPPED VIA <u>Co</u>	DELIVERED TO <u>6572 S. 1st St. Driest Hill</u>	ORDER NO.	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Produ</u>	JOB PURPOSE <u>5/2 - 24-1711</u>	WELL PERMIT NO. <u>15-KC-222700W</u>	WELL LOCATION <u>S.W. 1/4 Sec 22, T. 22N, R. 22W</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
571		1			MILEAGE	40				4.00	160	00	
571		1			Oil Service	100		4.34	ST	1600.00	1600	00	
221		1			Oil Service	4		26.00		104.00	104	00	
281		1			Oil Service	300		1.25		375.00	375	00	
290		1			Oil	2		20.00		40.00	40	00	
402		1			Control Valve	7		57.14	in	400.00	400	00	
403		1			Control Valve	1		230.00	in	230.00	230	00	
407		1			Control Valve	1		250.00	in	250.00	250	00	
408		1			Oil Service @ 1711	1		2100.00	in	2100.00	2100	00	
417		1			Oil Service	1		200.00	in	200.00	200	00	
418		1			Oil Service	1		250.00	in	250.00	250	00	

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 John Scheller
 DATE SIGNED: 05/20/06 TIME SIGNED: 02:15
 - 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	Page 1	6427	00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL	162	5382
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				7.11	11,812	39
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX		
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						