

ORIGINAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

JUL 12 2007

CONFIDENTIAL

Operator: License # 32309
Name: Presco Western, LLC
Address 5665 FLATIRON PARKWAY
City/State/Zip BOULDER CO 80301
Purchaser: Plains Marketing LP (Oil); One OK (Gas)
Operator Contact Person: Randy M. Verret
Phone (303) 305-1163
Contractor: Name: ~~Cheyenne Drilling LP~~ TRINIDAD
License: ~~33375~~ 33784
Wellsite Geologist: Not Applicable

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/Reentry: 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. _____
4/17/07 4/27/07 6/27/07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

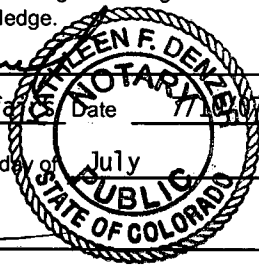
API NO. 15- 081-21669-0000 CONSERVATION DIVISION
County Haskell WICHITA KS
NE - NE - NW - Sec. 12 Twp. 27 S. R. 33 E W
330 Feet from S/N (circle one) Line of Section
1,980 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name Lavalette Well # 1-C12-27-33
Field Name Kisner
Producing Formation Morrow
Elevation: Ground 2,911.5' Kelley Bushing 2,923'
Total Depth 5,385' Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 1,826 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 ALIND 1-22-09
(Data must be collected from the Reserve Pit)
Chloride content 4,000 ppm Fluid volume 1,800 bbls
Dewatering method used Air Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name Not Applicable
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ E W
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 on 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 Randy M. Verret
Title Manager- Business & Regulatory Affairs
Subscribed and sworn to before me this 10th day of July 20 07
Notary Public Green F. Denker
Date Commission Expires _____ My Commission Expires 02/12/2011



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

Operator Name Presco Western, LLC

Lease Name Lavalette

Sec. 12 Twp. 27 S.R. 33 East West

County Haskell

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. 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 (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

Sonic; Compensated Density/Neutron/PE & Dual Induction

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
Heebner	4,017'	-1,094'
Lansing	4,100'	-1,177'
Marmaton	4,624'	-1,701'
Morrow	5,007'	-2,084'
St. Louis	5,239'	-2,316'

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
Surface	12-1/4"	8-5/8"	23.5	1,826'	Class A	150	3%CC
					Lite	600	3%CC 1/4 Flo
Production	7-7/8"	5-1/2"	17.5	5,377'	ASC	225	5%Gel FL160

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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	5,042' -5,052' (Morrow)	24 bbls Acid/35 bbls 4% KCL Flush	
4	5,068' -5,072' (Morrow)	25 bbls Acid/36 bbls 4% KCL Flush	
4	5,080' -5,084' (Morrow)		

TUBING RECORD Size 2-7/8" Set At 5,015' Packer At 5,008' Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. 6/27/07 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 261 Bbls. Gas -0- Mcf. Water 17 Bbls. Gas-Oil Ratio N/A Gravity 37.5

Disposition of Gas: METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled
(If vented, submit ACO-18.) Other (Specify)

ALLIED CEMENTING CO., INC.

30170

Federal Tax I.D.

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

SERVICE POINT:

M.O.B.

DATE <u>4-27-07</u>	SEC <u>12</u>	TWP <u>27</u>	RANGE <u>33</u>	CALLED OFF <u>1 AM</u>	ON LOCATION <u>1 AM</u>	JOB START <u>4 AM</u>	JOB FINISH <u>3 PM</u>
LEASE <u>LeVette</u>	WELL# <u>1C</u>	LOCATION <u>Garden City S. on 83 to corner of 30 3/4 W to dead end of this road 3/4 W then North to Rig</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)		<u>25 To Rd 30 3/4 W to dead end of this road 3/4 W then North to Rig</u>					

CONTRACTOR Choyenne Rig 16 OWNER _____

TYPE OF JOB 5 1/2 PIR Job

HOLE SIZE _____ T.D. 5385 ft CEMENT _____

CASING SIZE _____ DEPTH 5377 ft AMOUNT ORDERED 225 lb ASC

TUBING SIZE _____ DEPTH _____ 5" Halsey P. 40 0050 FL 160

DRILL PIPE _____ DEPTH _____ 500 gal WRAE

TOOL _____ DEPTH _____

PRES. MAX 1300" MINIMUM 750"

MEAS. LINE _____ SHOE JOINT HO. 1"

CEMENT LEFT IN CSG. HO. 3"

PERFS. _____

DISPLACEMENT 130.66h

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER M. K. M.

224 HELPER J. M. W.

BULK TRUCK

357 DRIVER David J.

BULK TRUCK

_____ DRIVER _____

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 12 2007
CONSERVATION DIVISION
MICHIGAN, KS

HANDLING _____ @ _____

MILEAGE _____ @ _____

REMARKS:

Circulate Hole with Rig Mud Pump
Mix slush & mix cement + Puris Down
Cement + Redoxo plug wash up + then
Displace plug Down with water

Float did not hold
Set 5 1/2" in with 1300" on it

TOTAL _____

SERVICE

DEPTH OF JOB 5377 ft

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

CHARGE TO: Presco Western LLC

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1-5 1/2 Rubber plug @ _____

1-5 1/2 Mud shoe @ _____

1-5 1/2 Insert @ _____

1-5 1/2 Bucket @ _____

7-5 1/2 Central gear @ _____

1-5 1/2 Port collar @ _____

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

James T. Pitt

PRINTED NAME

