

Amended
**KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION** *Rec'd 9-15-05*

Form ACO-1
 September 1999
 Form Must Be Typed

**WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 33503
 Name: Paxton Grant, LLC
 Address: 132 N. Otsego Ave
 City/State/Zip: Gaylord, MI 49735
 Purchaser: _____
 Operator Contact Person: David Fleming
 Phone: (620) 252-9985
 Contractor: Name: Thornton Air Rotary, LLC
 License: 33606
 Wellsite Geologist: None
 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. _____
 7/29/05 8/1/05 * 11/28/05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 133-26299-00-00
 County: Neosho
S2 NE NE SE Sec. 22 Twp. 27 S. R. 21 East West
2251 feet from (S) N (circle one) Line of Section
332 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 Lease Name: Inman Well #: D3-22
 Field Name: Wildcat
 Producing Formation: Summit, Mulky, Crowberg, Mineral, Tebo, Rowe, Riverton
 Elevation: Ground: 990' Kelly Bushing: _____
 Total Depth: 858' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 21'6" Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 840
 feet depth to surface w/ 95 sx cmt.

Drilling Fluid Management Plan *P+ A Alt II NR*
 (Data must be collected from the Reserve Pit) *9-12-08*
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used air dry
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____
 Quarter _____ Sec. _____ Twp. _____ S. JAN 09 2006 East West
 County: _____ Docket No.: _____
*RECEIVED
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KS*

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: Mark Bailey
 Title: Operations Manager Date: 1/4/06
 Subscribed and sworn to before me this 4th day of January,
 20 06.
 Notary Public: Wanda Zaleski
 Date Commission Expires: 11/26/2011

WANDA ZALESKI, NOTARY PUBLIC
 State of Michigan, County of Otsego
 Acting in the County of Otsego
 My Commission Expires 11/26/2011

KCC Office Use ONLY

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

Operator Name: Paxton Grant, LLC Lease Name: Inman Well #: D3-22
 Sec. 22 Twp. 27 S. R. 21 East West County: Neosho

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)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
SEE DRILLING REPORT

List All E. Logs Run:

**HIGH RESOLUTION COMPENSATED DENSITY/
 NEUTRON LOG
 DUAL INDUCTION SFL/GR LOG**

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	11"	8-5/8"	32#	21'6"	Portland	4	None
Long String	6-3/4"	4-1/2"	10.5#	840'	Thick Set	95	Flocele

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	749-752 / 696-698 / 689-691	840 gals 15% FE Acid / 5500 lbs 20/40 Sand	
4	501-504 / 477-479 / 365-369 / 354-357	1000 gals 15% FE Acid / 8100 lbs 20/40 Sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	743'	N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
Estimated January 15, 2006		<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	50	80		

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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