

KANSAS CORPORATION COMMISSION *Amended*
 OIL & GAS CONSERVATION DIVISION *Rec'd 9-15-05*
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 September 1999
 Form Must Be Typed

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 _____ 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>8/4/05</u>	<u>8/5/05</u>	<u>12/1/05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 133-26292-00-00
 County: Neosho
N2 NE NW NE Sec. 22 Twp. 27 S. R. 21 East West
355 feet from S / (N) (circle one) Line of Section
1650 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 #: C1-22
 Field Name: Wildcat

Producing Formation: Summit, Mulky, Crowberg, Mineral, Tebo, Rowe, Riverton
 Elevation: Ground: 975' Kelly Bushing: _____
 Total Depth: 836' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 21'10" Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 818
 feet depth to surface w/ 95 sx cmt.

Drilling Fluid Management Plan *P+A Alt II NCC*
 (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. _____ S. R. East West
 County: _____
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 JAN 09 No. 2006
 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 14th 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 #: C1-22
 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#	21'10"	Portland	4	None
Long String	6-3/4"	4-1/2"	10.5#	818'	Thick Set	95	Flocele

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
2	756-760	300 gals 15% FE Acid	

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TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2-3/8"	791'	N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumerd Production, SWD or Enhr. Estimated January 15, 2006			Producing Method <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 **METHOD OF COMPLETION** Production Interval

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