

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9684
 Name: M S Drilling
 Address: P. O. Box 87
St. Paul, KS 66771
 City/State/Zip:
 Purchaser: waiting on pipeline connection
 Operator Contact Person: Mark Smith
 Phone: (620) 449-2200
 Contractor: Name: Company Tools
 License: 9684
 Wellsite Geologist: N/A
 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: N/A
 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>7-5-06</u>	<u>7-6-06</u>	<u>7-8-06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 037-21744-0000
 County: Crawford
E2-NW-SW Sec. 27 Twp. 29 S. R. 24 East West
1980 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Geier Well #: 27-6
 Field Name: Wildcat
 Producing Formation: Mississippi
 Elevation: Ground: 960 Kelly Bushing: _____
 Total Depth: 400 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 20 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set N/A Feet
 If Alternate II completion, cement circulated from 20
 feet depth to Surface w/ 5 sx cmf.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit) N/A
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: N/A
 Operator Name: N/A
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

Att 2-Dlg-1126/08

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 S. Smith
 Title: operator Date: 10-18-06
 Subscribed and sworn to before me this 18 day of October,
2006.
 Notary Public: Crystal D. Kerley
 Date Commission Expires: September 2, 2008

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

CRYSTAL D. KERLEY
 Notary Public - State of Kansas
 My Appt. Expires 9-2-2008

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Operator Name: M S Drilling Lease Name: Goler Well #: 27-6
 Sec. 27 Twp. 29 S. R. 24 East West County: Crawford

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:

None

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Croweburg Shale	87'	+873'
Tebo Shale	170'	+790'
Mississippi LS	387'	+573'
RTD	400'	+560'

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9-7/8"	6-5/8"	15	20	Portland	5	1% CCL
Production	5-7/8"	2-7/8"	6.5	400	Portland	42	1% CCL

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		Acid, Fracture, Shot, Cement Squeeze Record		Depth
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)		

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) _____

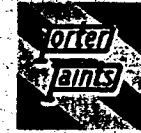
Production Interval _____

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CRAWFORD COUNTY LUMBER INC.

308 EAST FOREST
GIRARD, KS 68743
(620) 724-8714



INVOICE

HOME OWNED - HOME OPERATED

DATE	INVOICE #	PAGE
05-18-2006	76612	1

SOLD TO

CASH SALE

SHIPP TO

ITEM NO.	SKU NO.	ITEM/DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
		PORTLAND CEMENT	450.00	7.50	3375.00
ACC. BALANCE: 0.00 17% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES					
SIGNATURE					
SUB TOTAL					3375.00
OTHER AMT					
SALES TAX					246.38
SHIPPING					
TOTAL AMT					
TENDERED					
CHANGE					
BALANCE					3621.38

THANK YOU!

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