

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 8047
 Name: VICKERS FARMS OIL VENTURE
 Address: BOX 7
 City/State/Zip: WELLSVILLE KS 66092
 Purchaser: PLAINS
 Operator Contact Person: JERRY L VICKERS
 Phone: (785) 883-2171
 Contractor: Name: HUGHES DRILLING CO
 License: 5682
 Wellsite Geologist: _____
 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. _____

081506	081806	081806
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 059-25161-0000
 County: FRANKLIN
SW NE NE Sec. 31 Twp. 16 S. R. 21 East West
4240 feet from S / N (circle one) Line of Section
910 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: BRAUN Well #: 20
 Field Name: PAOLA-RANTOUL
 Producing Formation: SQUIRREL
 Elevation: Ground: N/A Kelly Bushing: _____
 Total Depth: 732 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 21.5
 feet depth to 0 w/ 10 ^{sq cmt.}

Alt 2 - Dlg 12/1/08

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 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: Partner Date: 10-13-06
 Subscribed and sworn to before me this 13th day of October,
 20 06.
 Notary Public: [Signature]
 Date Commission Expires: 12-03-09

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

**RECEIVED
OCT 16 2006**

KCC WICHITA

NOTARY PUBLIC - State of Kansas
BRENDA F. VICKERS
 My Appt. Exp. 12-03-09

Operator Name: VICKERS FARMS OIL VENTURE Lease Name: BRAUN Well #: 20
 Sec. 31 Twp. 16 S. R. 21 East West County: FRANKLIN

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>BROWN LIME</td> <td>617</td> <td></td> </tr> <tr> <td>SHALE</td> <td>621</td> <td></td> </tr> <tr> <td>SAND</td> <td>625</td> <td></td> </tr> <tr> <td>SHALE & LIME</td> <td>635</td> <td></td> </tr> <tr> <td>SAND</td> <td>695</td> <td></td> </tr> <tr> <td>SHALE & LIME</td> <td>703</td> <td></td> </tr> <tr> <td>TD</td> <td>740</td> <td></td> </tr> </table>	Name	Top	Datum	BROWN LIME	617		SHALE	621		SAND	625		SHALE & LIME	635		SAND	695		SHALE & LIME	703		TD	740	
Name	Top	Datum																							
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TD	740																								

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	11 7/8	6.25		21.10	COMM	10	NONE
PRODUCTION	5 1/4	2 7/8		732	PORTLAND	88	2% GEL

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>	Depth
	NOT AVAILABLE		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method		
NOT AVAILABLE		<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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OCT 16 2006

KCC WICHITA



CONSOLIDATED
OIL WELL
SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 208298

Invoice Date: 08/22/2006 Terms: 2/10,n/30

Page 1

VICKERS, JERRY
 BOX 7
 WELLSVILLE KS 66092
 (785)883-2171

BRAUN 20
 31-16-21
 8809
 08/18/06

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	88.00	8.8500	778.80
1118B	PREMIUM GEL / BENTONITE	250.00	.1400	35.00
4402	2 1/2" RUBBER PLUG	1.00	20.0000	20.00

Description	Hours	Unit Price	Total
122 MIN. BULK DELIVERY	1.00	275.00	275.00
290 CEMENT PUMP	1.00	800.00	800.00
290 EQUIPMENT MILEAGE (ONE WAY)	10.00	3.15	31.50
370 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00

8-25-06
PAID
 Chk. 3541

2177.00
 Less 2% 43.54
 2133.46

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OCT 16 2006
KCC WICHITA

Parts:	833.80	Freight:	.00	Tax:	56.70	AR	2177.00
Labor:	.00	Misc:	.00	Total:	2177.00		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
 P.O. Box 1453 74005
 918/338-0808

EUREKA, Ks
 820 E. 7th 67045
 620/583-7664

OTTAWA, Ks
 2631 So. Eisenhower Ave. 66067
 785/242-4044

GILLETTE, WY
 300 Enterprise Avenue 82716
 307/686-4914

THAYER, Ks
 8655 Dorn Road 66776
 620/839-5269