

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 31507
Name: E. K. Energy
Address: 1495-3000 St.
City/State/Zip: Moran, Kansas 66755
Purchaser: Crude-Marketing
Operator Contact Person: Don Ensminger
Phone: (620) 496-2300 or 496-5320 Cell
Contractor: Name: company Tools
License: 31507

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. _____

9-18-06 9-20-06 9-25-06
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15-001-29421-00-00
County: Allen
NW - NE NW Sec. 20 Twp. 24 S. R. 19 East West
4955 feet from N (circle one) Line of Section
3520 feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Strickler Well #: W-1

Field Name: Iola

Producing Formation: Tucker

Elevation: Ground: XX Kelly Bushing: _____

Total Depth: 950 Plug Back Total Depth: 944

Amount of Surface Pipe Set and Cemented at 22' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 949

feet depth to Surface w/ 100 sx cmt.

Alt 2 - Dlg - 12/1/00

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 125 ppm Fluid volume 325 bbls

Dewatering method used Air Dry

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: Don Ensminger

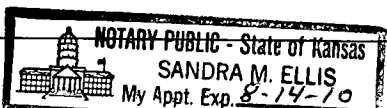
Title: President Date: 10-17-06

Subscribed and sworn to before me this 17 day of October

2006

Notary Public: Sandra M. Ellis

Date Commission Expires: _____



KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

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OCT 25 2006
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Operator Name: E K Energy Lease Name: Strickler Well #: W-1
 Sec. 20 Twp. 24 S. R. 19 East West County: Allen

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:

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Name	Top	Datum
Soil	0	11
Ls with Sh streaks	11	260
Sh with ls streaks	260	616
La	616	622
Sh	622	919
Oil Sd.	919	950 TD

CASING RECORD <input 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	# Sacs Used	Type and Percent Additives
Surface	10"	7"	23#	22	common	5	None
Production	5 5/8	2 7/8"	6.5#	949	common	100	None

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
1	920' to 926	50 gal acid Fracked 5 Sx sand 70 bbl jelled water	920-926

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	None			

Date of First, Resumerd Production, SWD or Enhr. when approved for injection _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
					20

Disposition of Gas Vented Sold Used on Lease (If vented, Sumit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____

PAYLESS CONCRETE PRODUCTS, L.L.C.

802 N, INDUSTRIAL
 P.O. BOX 664
 IOLA, KS 66749-0664

INVOICE

Invoice Number: 16823
 Invoice Date: Sep 20, 2006
 Page: 1

Duplicate

Voice: 620-365-5588
 Fax:

Bill To
E. K. ENERGY 1495 3000 ST. MORAN, KS 66755-3949

Ship To
CR# 3739

Customer ID	Customer Name	Payment Terms
EK001	STRICKLER WELL#W1	Net 10th of Next Month
Ship Date	Ship Method	Due Date
	TRUCK	10/10/06

Quantity	Description	Unit Price	Amount
100.00	CEMENT/ WATER	6.25	625.00
1.00	TRUCKING	40.00	40.00
	CEMENT & WATER PER BAG MIX		
	TRUCKING		
Subtotal			665.00
Sales Tax			41.90
Total Invoice Amount			706.90
Payment/Credit Applied			706.90
TOTAL			0.00

Check/Credit Memo No: 3739

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DRILLING TIME REPORT

COMPANY: E-K ENERGY
 LEASE: STRICLER
 NO. W 1
 TYPE OF INDICATOR: API 15-001-29421
 WEIGHT ON DRILL PIPE _____
 R.P.M. ROTARY TABLE _____

DATE: 9-18-06 A.M. OR P.M.
 COUNTY: ALLEN
 TWP. 24 SEC. 20 RANGE 19 E
 LOCATION: 4955' F. SOUTH
 TYPE OF RIG: _____
 LOCATION: 3520' F. EAST
 MUD WEIGHT: _____
 SPOT: NW NE NW
 MUD VISCOSITY: _____
 CONTRACTOR: E-K ENERGY

DEPTH		ACTUAL DRILLING TIME		MINUTES PER	REMARKS	BIT NO.
FROM	TO	BEGAN	ENDED			
	SOIL	11			22' of 7" SURFACE	
36	LIME	47			CEMENTED 55X	
29	SHALE	76			949' of 3 1/8"	
2	LIME	78			CEMENTED TO SURFACE	
64	SHALE	132			100 SX	
128	LIME	260				
164	SHALE	424				
10	LIME	434				
15	SHALE	449				
10	LIME	459				
12	SHALE	471				
3	LIME	474				
44	SHALE	518				
40	LIME	558				
27	SHALE	585		1 LIME	919	
24	LIME	609		31 OIL SD	950	TD
4	SHALE	613				
4	COAL	616				
6	LIME	622				
72	SHALE	694				
2	COAL	696				
15	SHALE	711				
3	COAL	713				
51	SHALE	764				
2	COAL	766				
26	SHALE	792				
2	COAL	794				
12	SHALE	806				
1	COAL	807				
111'	SHALE	918				

RECORD TIME TOUR IS CHANGED UNDER REMARKS.

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH, SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER, ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL IN FROM TOP TO BOTTOM OF HOLE.

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