

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6470
Name: Schankie Well Service, Inc.
Address: 1006 SW Blvd, PO Box 397
City/State/Zip: Madison, KS 66860
Purchaser: SemGroup
Operator Contact Person: Randall Schankie
Phone: (620) 437-2595
Contractor: Name: Rig 6 Drilling Co., Inc.
License: 30567
Wellsite Geologist: William Stout

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. _____

11-12-06 11-16-06 11-16-06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 073-24044-00-00
County: Greenwood
E2 NW-NENE Sec. 5 Twp. 23 S. R. 11 East West
330 feet from S / (circle one) Line of Section
790 feet from (circle one) E / W (circle one) Line of Section

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

Lease Name: Seeley Well #: 11
Field Name: Seeley-Wick

Producing Formation: Bartlesville
Elevation: Ground: 1183' Kelly Bushing: NA

Total Depth: 2034' Plug Back Total Depth: 2023'

Amount of Surface Pipe Set and Cemented at 40 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2030'

feet depth to surface w/ 250 sx cmt.

Alt 2 - Dlg - 11/15/09

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

Chloride content NA ppm Fluid volume NA bbls
Dewatering method used Vacuum Truck

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: Randall Schankie, Sec
Title: Secretary Date: 11-07-07

Subscribed and sworn to before me this 7th day of November, 2007.
Notary Public: Rachel D. Ballard
Date Commission Expires: 5-6-2010

RACHEL D. BALLARD
Notary Public - State of Kansas
My Appt. Expires 5-6-2010

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 9 8 2007

Operator Name: Schankie Well Service, Inc Lease Name: Seeley Well #: 11
 Sec. 5 Twp. 23 S. R. 11 East West County: Greenwood

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Gamma Ray-Neutron</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Cherokee</td> <td>1711</td> <td>-528</td> </tr> <tr> <td>Ardmore</td> <td>1786</td> <td>-603</td> </tr> <tr> <td>Bartlesville Sand</td> <td>1940</td> <td>-757</td> </tr> <tr> <td>Base Bart Sand</td> <td>1984</td> <td>-801</td> </tr> <tr> <td>RTD</td> <td>2034</td> <td>-851</td> </tr> </tbody> </table>	Name	Top	Datum	Cherokee	1711	-528	Ardmore	1786	-603	Bartlesville Sand	1940	-757	Base Bart Sand	1984	-801	RTD	2034	-851
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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	# Sacks Used	Type and Percent Additives
Surface	NA	8 5/8"	NA	40'	Common	15	NA
Production	6 3/4"	4 1/2"	11.6#	2030'	Common	250	6% 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 (Amount and Kind of Material Used)	Depth
	1940' - 1950' 11 shots	500 gal 15% HCL Acid	
		10000# Sand Frac	

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>1940'</u>	Packer At <u>NA</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>NA</u>		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. <u>NA</u>	Gas Mcf <u>NA</u>	Water Bbls. <u>NA</u>	Gas-Oil Ratio <u>NA</u>

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 16582
LOCATION EVREKA
FOREMAN RICK LEDFORD

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-06	7309	SEELEY # 11				GLW
CUSTOMER Shanik Well Service			R. 6 6 TRUCK # DRIVER TRUCK # DRIVER 463 Kyle 442 JEFF 479 Jim 436 Ed			
MAILING ADDRESS P.O. Box 397						
CITY MADISON	STATE KS	ZIP CODE 66860				

JOB TYPE langstring HOLE SIZE 6 3/4" HOLE DEPTH 2035' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 2030' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.8 14.2 SLURRY VOL 64 bbl WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 32 bbl DISPLACEMENT PSI 700 ~~900~~ PSI 1100 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 15 bbl fresh water. Mixed 125 sacks 60/40 Pozmix cement w/ 6% gel, 7 1/4" floccle @ 12.8 bbl. Tail in w/ 125 sacks reg. cement w/ 2% gel, 1% cacl2, 4" Kol-seal @ 14.2 bbl. Washout pump + lines, shut down, release plug. Displace plug w/ 32 bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI. wait 2 mins. release pressure, float held. Good cement returns to surface = 10 bbl slurry to pit. Job complete. Rig down. Rotated casing during cementing procedure.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	20	MILEAGE	3.15	63.00
1131	125 sacks	60/40 Pozmix cement	9.35	1168.75
1118A	650 #	6% gel	.14	91.00
1107	30 #	1/4" floccle	1.80	54.00
1104S	125 sacks	Regular class A cement	11.25	1406.25
1118A	250 #	2% gel	.14	35.00
1102	120 #	1% cacl2	.64	76.80
1110A	500 #	4" Kol-seal	.36	180.00
5407A	11.5	ton-mileage bulk TRX	1.05	241.50
5502C	2 hrs	80 bbl VAC TRX	90.00	180.00
1123	3000 gals	City water	12.80	38.40
4404	1	4 1/2" top rubber plug	40.00	40.00
5611	1	4 1/2" rotating head rental	52.00	52.00
		subtotal		4426.70
		SALES TAX (6.3%)		194.68
		ESTIMATED TOTAL		4621.38

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 08 2007
CONSERVATION DIVISION
WICHITA, KS

810511

AUTHORIZATION _____ TITLE _____ DATE _____