

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32309
Name: Presco Western, LLC
Address 5665 FLATIRON PARKWAY
City/State/Zip BOULDER CO 80301
Purchaser: High Sierra Crude (oil)/BP (gas)
Operator Contact Person: Randy M. Verret
Phone (303) 305-1163
Contractor: Name: Halliburton **KANSAS CORPORATION COMMISSION**
License: N/A **JUL 24 2009**
Wellsite Geologist: Not Applicable **RECEIVED**
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/Reentry: Old Well Info as follows:

Operator: Amoco Production Company
Well Name: Wilson Gas Unit F3
Original Comp. Date 3/29/1984 Original Total Depth 6,227'
 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. _____
6/29/2009 7/2/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 081-20295 -0001
County Haskell
C - SE - SE - NW Sec. 30 Twp. 30 S. R. 33 E W
2,310 Feet from S(N) (circle one) Line of Section
2,310 Feet from E(W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name SWLVLU Well # 15
Field Name Victory
Producing Formation Lansing
Elevation: Ground 2,956' Kelley Bushing 2,966'
Total Depth 6,237' Plug Back Total Depth 4,350'
Amount of Surface Pipe Set and Cemented at 1,918 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan wo-dug - 8/12/09
(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. _____ E W
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 on 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 Regulatory Assistant Date 7/22/2009
Subscribed and sworn to before me this 22nd day of July,
20 09.
Notary Public Sandra Blackburn
Date Commission Expires 01/29/2013

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

Operator Name Presco Western, LLC Lease Name SWLVLU Well # 15

Sec. 30 Twp. 30 S.R. 33 East West County Haske11

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD New 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	13-1/2"	9-5/8"	32	1,908'	Class P/H	700/370	3%CaCl
Production	8-3/4"	7"	23	6,030	Class H	500	18%salt

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
4	4,142 - 4,146' (Lansing)	1500G 15% New Formula NeFe acid &	
4	4,108 - 4,114' (Lansing)	27Bb1 4% KCl flush.	

TUBING RECORD		Size <u>2-7/8"</u>	Set At <u>4,194'</u>	Packer At <u>N/A</u>	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. <u>Resumed - 7/3/2009</u>		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. <u>26</u>	Gas Mcf <u>-0-</u>	Water Bbls. <u>303</u>	Gas-Oil Ratio <u>-0-</u>	Gravity <u>40.5</u>

Disposition of Gas: **METHOD OF COMPLETION** **Production Interval**

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