WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33366
Name: Charles D. Roye
Address: PO Box 191, 102 N. Ozark
City/State/Zip: Girard, KS 66743
Purchaser: N/A
Operator Contact Person: Marvin Strobel
Phone: (620) 362-4906
Contractor: Name: MO-KAT Drilling
License: 5831
Wellsite Geologist: Thomas H. Oast
Designate Type of Completion:
X 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. _______
3/15/04 3/16/04 3/26/04
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date
API No. 15: 037-21, 609-0000
County: Crawford
NW NW NE Sec. 3 Twp 29 S. R. 23 X East □ West
4950 feet from S/ N (circle one) Line of Section
2970 feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Twylet Well #: 1
Field Name: Cherokee Coal Gas Fields
Producing Formation: Mississippi Chat
Elevation: Ground: 969 Kelly Bushing: _______
Total Depth: _______ Plug Back Total Depth: _______
Amount of Surface Pipe Set and Cemented at 23.5 Feet
Multiple Stage Cementing Collar Used? □ Yes □ No
If yes, show depth set: _______
If Alternate II completion, cement circulated from _______
foot depth to surface _______ 105 sx cmt.

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: __________________________
License No: __________________________
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 slide 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: Russell Suggs
Title: Production Supervisor Date: 6/17/04
Subscribed and sworn to before me this 17 day of
2004.
Notary Public: Brooke Wicker
Date Commission Expires: 3/15/08