



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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

(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 #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1053436

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

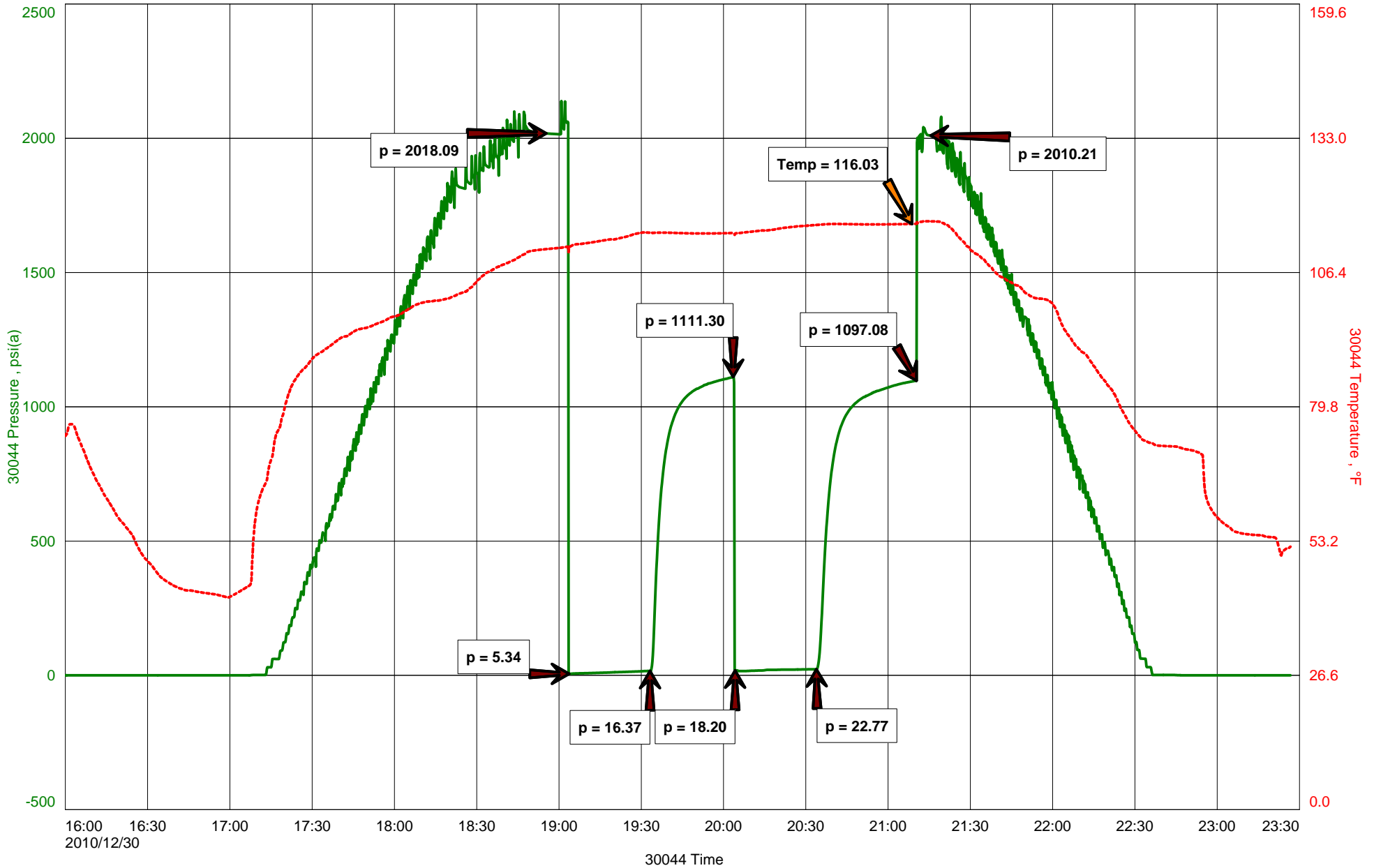
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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MID CONTINENT
DST#1 4170-4250 LANS 140-160
Start Test Date: 2010/12/30
Final Test Date: 2010/12/30

BAHM UNIT #1-27
Formation: DST#1 4170-4250 LANS 140-160
Pool: WILDCAT
Job Number: MO78

BAHM UNIT #1-27



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO78
Well Name	BAHM UNIT #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#1 4170-4250 LANS 140-160	Well Operator	MID CONTINENT
Surface Location	SEC.21-19-27 LANE CO. KS.	Report Date	2010/12/30
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#1 4170-4250 LANS 140-160		
Test Purpose (AEUB)			
Start Test Date	2010/12/30	Start Test Time	16:00:00
Final Test Date	2010/12/30	Final Test Time	23:27:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 40' DRLG MUD
40' TOTAL FLUID

TOOL SAMPLE: DRLG MUD



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

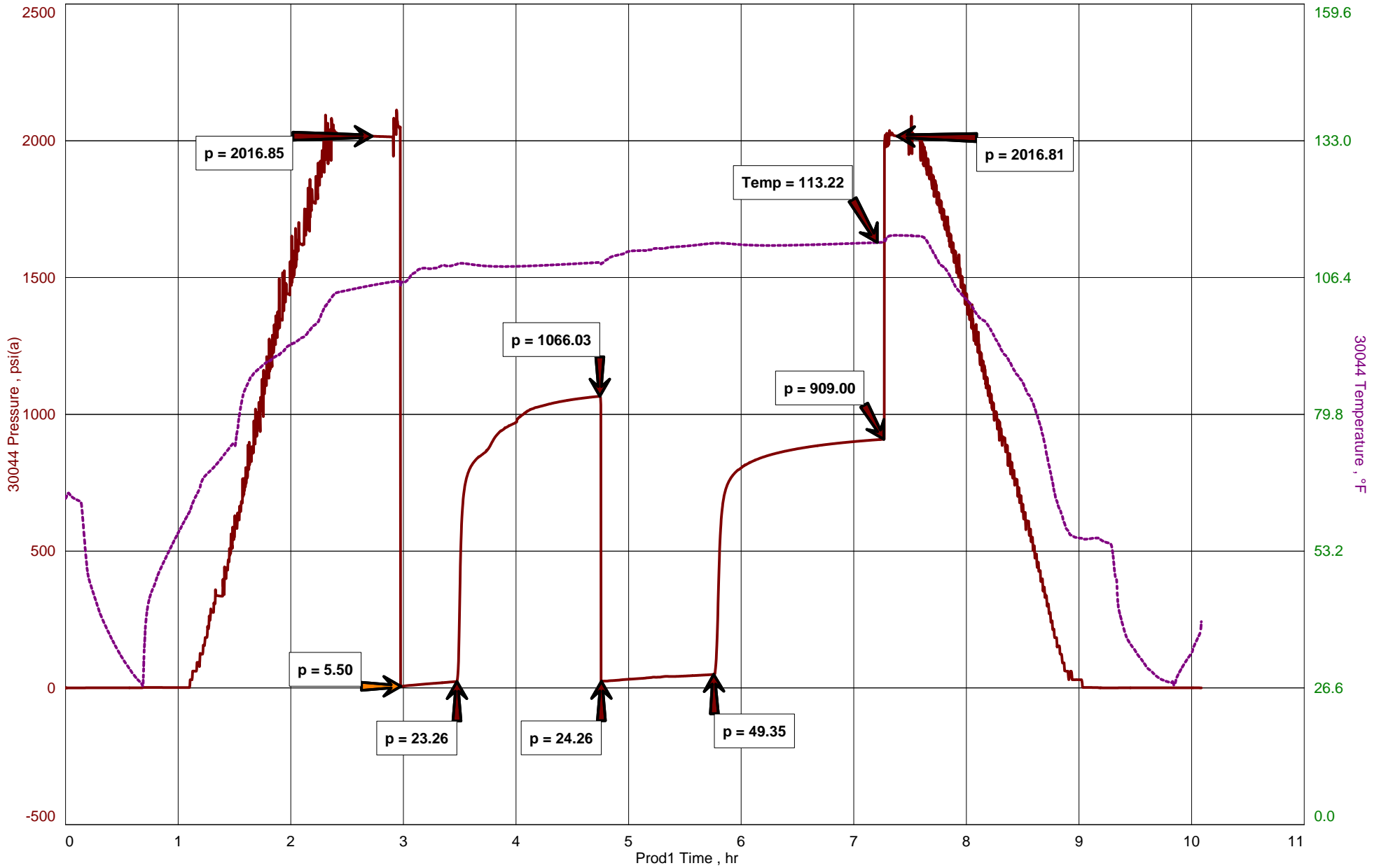
Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

Diamond Testing shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statement or opinion concerning the result of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

MID CONTINENT
DST#2 4210-4268 LANS 180
Start Test Date: 2010/12/31
Final Test Date: 2010/12/31

BAHM UNIT #1-27
Formation: DST#2 4210-4268 LANS 180
Pool: WILDCAT
Job Number: MO79

BAHM UNIT #1-27



DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO79
Well Name	BAHM UNIT #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#2 4210-4268 LANS 180	Well Operator	MID CONTINENT
Surface Location	SEC.21-19-27 LANE CO. KS.	Report Date	2010/12/31
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#2 4210-4268 LANS 180		
Test Purpose (AEUB)			
Start Test Date	2010/12/31	Start Test Time	08:05:00
Final Test Date	2010/12/31	Final Test Time	18:11:00
		Well Fluid Type	01 Oil
Gauge Name	Prod1		
Gauge Serial Number			

Test Results

Remarks	RECOVERED: 90' DM 90' TOTAL FLUID	Gauge Name	30044
		Gauge Serial Number	
		Run Depth (TVD KB)	
		Pressure at Run Depth	
		Pressure at MPP	
		Temperature at Run Depth	
	TOOL SAMPLE: DM		



DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO80
Well Name	BAHM UNIT #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#3 4270-4300 LANS 200	Well Operator	MID CONTINENT
Surface Location	SEC.21-19-27 LANE CO. KS.	Report Date	2011/01/01
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#3 4270-4300 LANS 200		
Test Purpose (AEUB)			
Start Test Date	2011/01/01	Start Test Time	04:51:00
Final Test Date	2011/01/01	Final Test Time	13:33:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

Remarks RECOVERED: 20' SOSWM 2% OIL, 2% WTR, 96% MUD
20' TOTAL FLUID

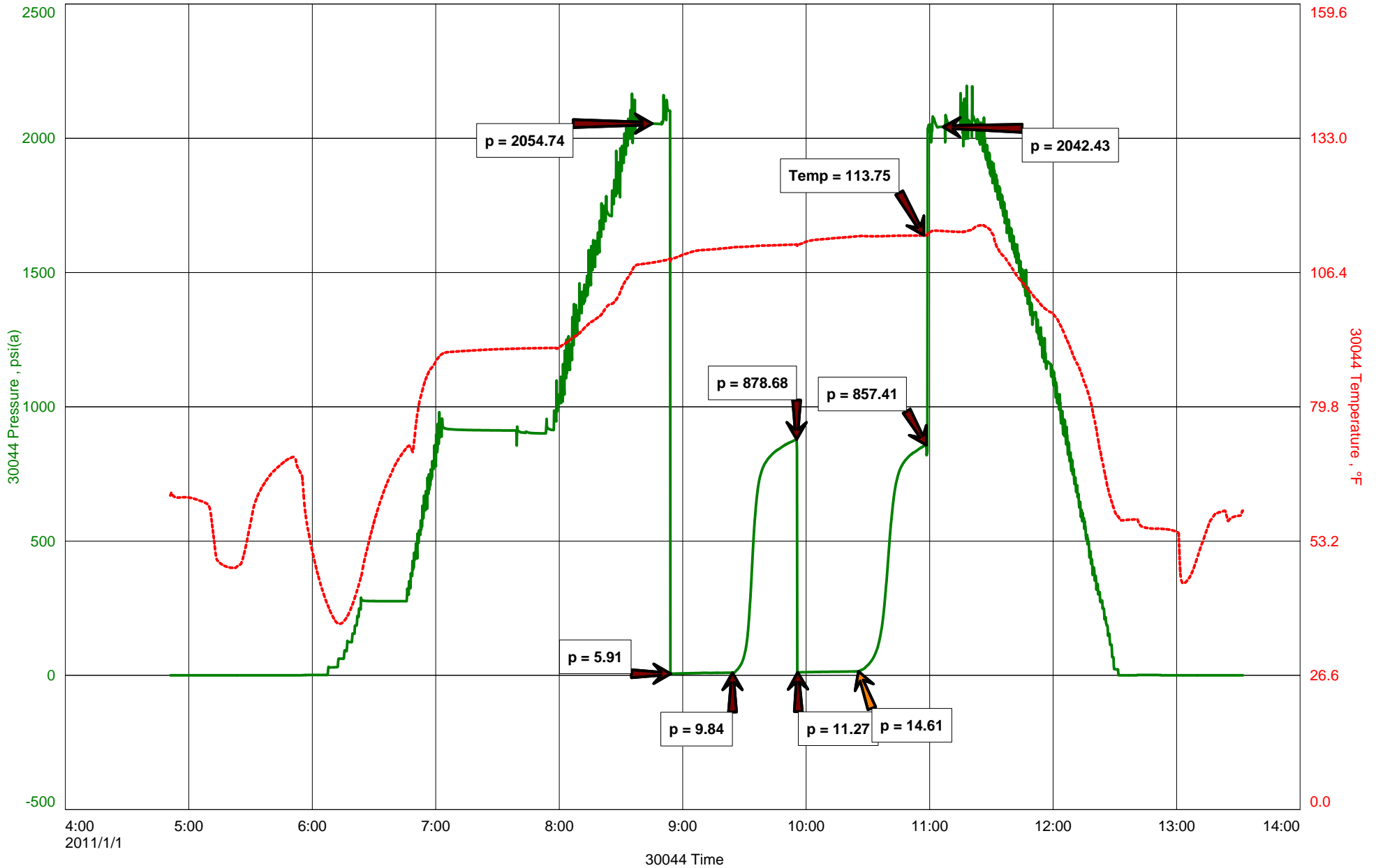
CHLOR: 32,000 PPM
PH: 7.0
RW: .06@ 50 DEG.

TOOL SAMPLE: 8% OIL, 42% WTR, 50% MUD

MID CONTINENT
DST#3 4270-4300 LANS 200
Start Test Date: 2011/01/01
Final Test Date: 2011/01/01

BAHM UNIT #1-27
Formation: DST#3 4270-4300 LANS 200
Pool: WILDCAT
Job Number: MO80

BAHM UNIT #1-27





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
	Total

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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DIAMOND TESTING

Pressure Survey Report

General Information

Company Name	MID CONTINENT	Job Number	MO81
Well Name	BAHM UNIT #1-27	Representative	MIKE COCHRAN
Unique Well ID	DST#4 4520-4560 FT.SC.	Well Operator	MID CONTINENT
Surface Location	SEC.21-19-27 LANE CO. KS.	Report Date	2011/01/03
Field	WILDCAT	Prepared By	MIKE COCHRAN
Well Type	Vertical	Qualified By	KEVIN L. KESSLER
		Test Unit	NO. 1

Test Information

Test Type	CONVENTIONAL		
Formation	DST#4 4520-4560 FT.SC.		
Test Purpose (AEUB)			
Start Test Date	2011/01/03	Start Test Time	00:51:00
Final Test Date	2011/01/03	Final Test Time	08:24:00
		Well Fluid Type	01 Oil
Gauge Name	30044		
Gauge Serial Number			

Test Results

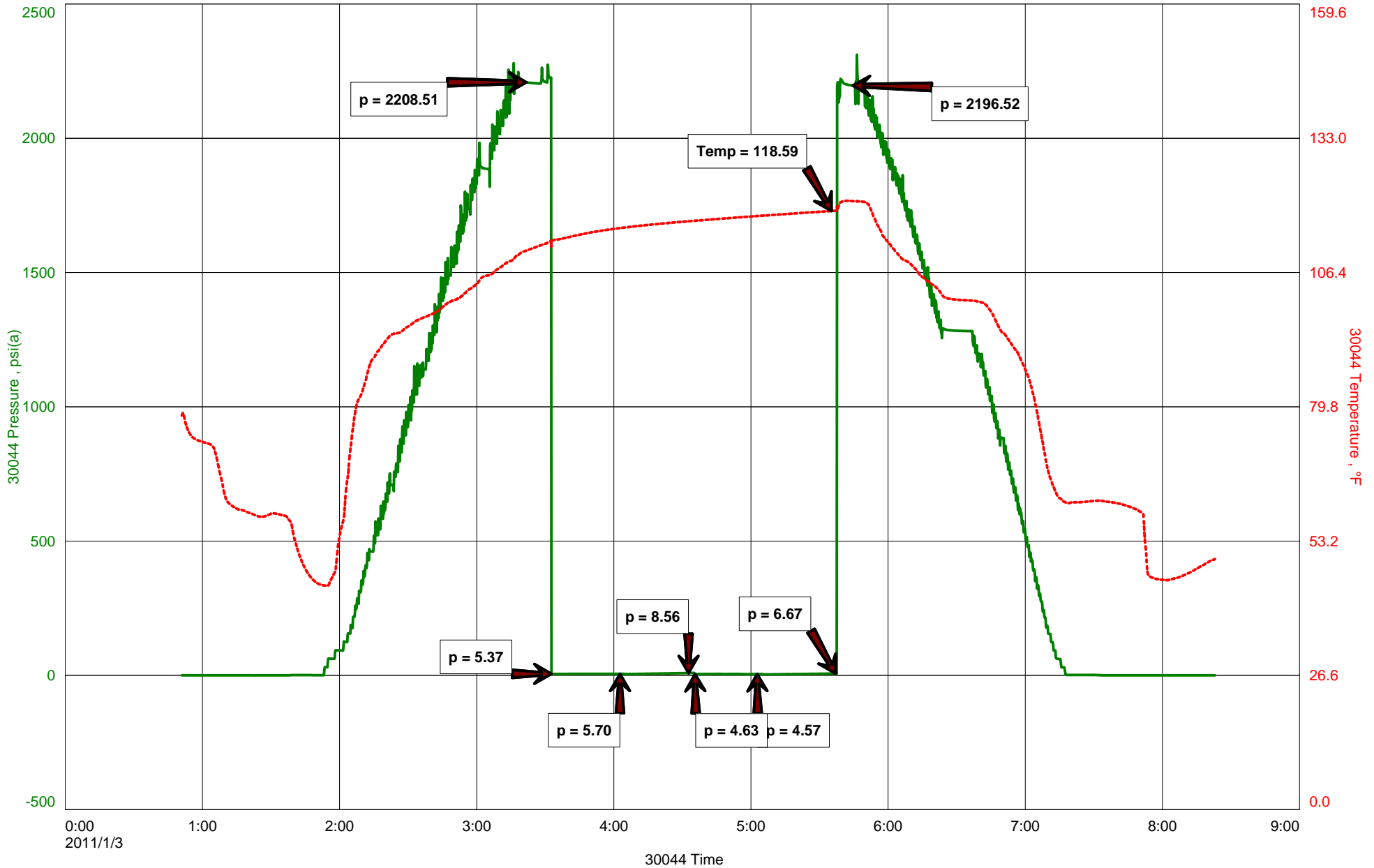
Remarks RECOVERED: 1/2 ' DRLG MUD
1/2' TOTAL FLUID

TOOL SAMPLE: DM

MID CONTINENT
DST#4 4520-4560 FT.SC.
Start Test Date: 2011/01/03
Final Test Date: 2011/01/03

BAHM UNIT #1-27
Formation: DST#4 4520-4560 FT.SC.
Pool: WILDCAT
Job Number: MO81

BAHM UNIT #1-27





DIAMOND TESTING
P.O. Box 157
HOISINGTON, KANSAS 67544
(800) 542-7313
DRILL-STEM TEST TICKET
FILE: _____

TIME ON: _____
TIME OFF: _____

Company _____ Lease & Well No. _____
Contractor _____ Charge to _____
Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____
Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State **KANSAS**
Test Approved By _____ Diamond Representative _____

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Packer Depth _____ ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Bottom Recorder Depth (Outside) _____ ft. Recorder Number _____ Cap. _____ P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type _____ Viscosity _____ Drill Collar Length _____ ft. I.D. 2 1/4 in.
Weight _____ Water Loss _____ cc. Weight Pipe Length _____ ft. I.D. 2 7/8 in.
Chlorides _____ P.P.M. Drill Pipe Length _____ ft. I.D. 3 1/2 in.
Jars: Make STERLING Serial Number _____ Test Tool Length _____ ft. Tool Size 3 1/2-IF in.
Did Well Flow? _____ Reversed Out _____ Anchor Length _____ ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: _____
2nd Open: _____

Recovered _____ ft. of _____	Price Job Other Charges Insurance Total
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Recovered _____ ft. of _____	
Remarks: _____	

Time Set Packer(s) _____ A.M. P.M. Time Started Off Bottom _____ A.M. P.M. Maximum Temperature _____
Initial Hydrostatic Pressure..... (A) _____ P.S.I.
Initial Flow Period..... Minutes _____ (B) _____ P.S.I. to (C) _____ P.S.I.
Initial Closed In Period..... Minutes _____ (D) _____ P.S.I.
Final Flow Period..... Minutes _____ (E) _____ P.S.I. to (F) _____ P.S.I.
Final Closed In Period..... Minutes _____ (G) _____ P.S.I.
Final Hydrostatic Pressure..... (H) _____ P.S.I.

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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

April 12, 2011

G. M. Canaday
Mid-Continent Energy Operating Co.
100 W 5TH ST STE 450
TULSA, OK 74103-4254

Re: ACO1
API 15-101-22271-00-00
Bahm Unit 1-27
SE/4 Sec.21-19S-27W
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
G. M. Canaday



PO BOX 31 Russell, KS 67665

RECEIVED

JAN 18 2011

INVOICE

Invoice Number: 125834
Invoice Date: Jan 4, 2011
Page: 1

Voice: (785) 483-3887
Fax: (785) 483-5566

Bill To:
Mid-Continent Energy Operating Co.
100 West 5th St. Suite 450
Tulsa, OK 74103

Federal Tax I.D.#: 20-5975804

Bahn Unit
P&A cement

Customer ID	Well Name# of Customer P.O.	Payment Terms
MidCoEnOp	Bahn#1-21	Net 30 Days
Job Location	Camp Location	Service Date
KS1-03	Great Bend	Jan 4, 2011
		Due Date
		2/3/11

Quantity	Item	Description	Unit Price	Amount
174.00	MAT	Class A Common	13.50	2,349.00
116.00	MAT	Pozmix	7.55	875.80
10.00	MAT	Gel	20.25	202.50
73.00	MAT	Flo Seal	2.45	178.85
290.00	SER	Handlign	2.25	652.50
27.00	SER	Mileage 290 sx @ .10 per sk per mi	29.00	783.00
1.00	SER	Rotary Plug	1,159.00	1,159.00
27.00	SER	Pump Truck Mileage	7.00	189.00
1.00	EQP	Dry Hole Plug	40.00	40.00

CO.# AFE
LSE # 150029
ACCT# 1562-30
APPROVED
BCP ACP LOE

1/11

Subtotal	6,429.65
Sales Tax	405.07
Total Invoice Amount	6,834.72
Payment/Credit Applied	
TOTAL	6,834.72

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 215.93

ONLY IF PAID ON OR BEFORE
Jan 29, 2011

1285.93
5,548.79

ALLIED CEMENTING CO., LLC. 038675

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Greens Bend KS

DATE	1-4-11	SEC.	21	TWP.	195	RANGE	27	W	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE	Bahn	WELL#	1-21	LOCATION				Ness & Lane Co. line west	COUNTY	Lawe	STATE	KS
(OLD OR NEW (Circle one)) To Turkey Run RD to south west side												

CONTRACTOR Nash OWNER Mid-Continent Energy Corp

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8 I.D. 4700

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE 4 1/2 DEPTH 2100

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

EQUIPMENT

PUMP TRUCK CEMENTER Wayne D

366 HELPER Bob R

BULK TRUCK

344 DRIVER Gary

BULK TRUCK

DRIVER

REMARKS:

- 1st plug 2100 mix 505x
- 2nd plug 1230 mix 805x
- 3rd plug 600 mix 505x
- 4th plug 330 mix 405x
- 5th plug 60 mix 205x
- 6th plug Rathole mix 305x
- 7th plug mouse mix 205x

CEMENT

AMOUNT ORDERED 290 SK 60/40 4% 601
by flo seal

COMMON	174	@	13.50	2,349.00
POZMIX	116	@	7.55	875.80
GEL	10	@	20.25	202.50
CHLORIDE		@		
ASC		@		
<u>flo seal</u>	<u>73</u>	@	<u>2.45</u>	<u>178.85</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>290</u>	@	<u>2.25</u>	<u>652.50</u>
MILEAGE	<u>290 x 2.7 x 1.10</u>			<u>783.00</u>
				<u>5,041.65</u>
TOTAL				

SERVICE

DEPTH OF JOB 2100

PUMP TRUCK CHARGE 1159.00

EXTRA FOOTAGE @

MILEAGE 27. @ 2.00 189.00

MANIFOLD @

CHARGE TO: Mid-Continent Energy operations

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1348.00

PLUG & FLOAT EQUIPMENT

Dry hole plug @ 40.00 40.00

@

@

@

TOTAL 40.00

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____

TOTAL CHARGE _____

PRINTED NAME _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

ALLIED CEMENTING CO., LLC.

Federal Tax I.D.# 20-5975804

038627

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

M.B.

DATE 12-17-10 SEC 21 TWP 19 RANGE 37 CALLED 7:30 pm ON LOCATION 11:30 am JOB # 12-18-10 JOB FINISH 12-18-10
 LEASE # Barham unit WELL # 1-37 LOCATION 96 Hwy N-55 + barham Co COUNTY barham STATE KS
 OLD OR NEW (Circle one) NEW line 2w logs w/s

CONTRACTOR Val Drilling Rig * OWNER

TYPE OF JOB Surface CEMENT AMOUNT ORDERED 185M Com 37cc
 HOLE SIZE 12 1/4 T.D. 314 ft
 CASING SIZE 8 1/2 DEPTH 314 ft
 TUBING SIZE DEPTH DEPTH DEPTH

DRILL PIPE DEPTH DEPTH DEPTH
 TOOL DEPTH DEPTH DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 14 ft
 PERFS.
 DISPLACEMENT 19 bbl

EQUIPMENT
 PUMP TRUCK CEMENTER Mik-m.
 # 366 HELPER Bob
 BULK TRUCK
 # 487-1088 DRIVER WILLIAM W.
 BULK TRUCK
 # DRIVER

HANDLING 185 @ 2.25 416.35
 MILEAGE 185 x 27 x .10 499.50
 TOTAL 615.85

REMARKS:
Reg run surface pipe in the hole
hit a bridge pull and surface
pipe run in drill pipe + Re
Drill the hole
run surface pipe in the
hole circulate the hole
mix cement + Displace it
Down cement did circulate
To surface

DEPTH OF JOB 314 ft SERVICE
 PUMP TRUCK CHARGE 991.00
 EXTRA FOOTAGE @
 MILEAGE 27 @ 7.00 189.00
 MANIFOLD @
 @
 @
 TOTAL 1180.00

CHARGE TO: Mid Continent Energy Oper. Co.
 STREET _____ STATE _____ ZIP _____

CITY _____
Thank
you
555

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 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 1180.00
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE Dennis J. ...

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____