



KANSAS CORPORATION COMMISSION 1055105
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1055105

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Midwestern Exploration Company
Well Name	MARIAN 2-14
Doc ID	1055105

Tops

Name	Top	Datum
Base Heebner Shale	4352	-1389
Toronto	4361	-1398
Marmaton	5401	-2436
Cherokee Shale	5627	-2664
Morrow Shale	5955	-2992
Mississippian Chester	6346	-3383
STE Genevieve	6689	-3726
St. Louis	6760	-3797

ALLIED CEMENTING CO., LLC.

30834

Federal Tax I.D. # 20-5975804

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

SERVICE POINT:
Liberad KS.

DATE 10-19-10	SEC. 14	TWP. 35S	RANGE 35W	LOCATON Vec	CALLER OUT Tyran	ON LOCATION OK	JOB START COUNTY Stevens	JOB FINISH STATE KS
LEASE <i>Marion</i> WELL # 2-14				OWNER Liberal KS.				
OLD OR NEW (Circle one)								

CONTRACTOR **H2 Drilling**

TYPE OF JOB **Surface**

HOLE SIZE **12 1/4** T.D. **1650**

CASING SIZE **8 5/8** DEPTH **1651**

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX **1000** MINIMUM

MEAS. LINE SHOE JOINT **42.33**

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT **103.5**

EQUIPMENT

CEMENT

AMOUNT ORDERED **375 5/8" Class A 3" CC 2" Gyp 2 1/2"**

Metobond's 1/4" Flucel / 150 Class A 3" CC 1/4" #76

400 5/8" Class A Neat

COMMON **925** @ **15.45** **14291.25**

POZMIX @

GEL @

CHLORIDE **18** @ **58.20** **1047.60**

ASC @

Gyp Seal **7** @ **29.20** **204.40**

Sodium Metasilicate **105** @ **2.45** **1722.25**

Flucel **131** @ **2.50** **327.50**

HANDLING **970** @ **2.40** **2928.00**

MILEAGE **2910.00**

TOTAL **23431.00**

REMARKS:
THANK YOU!!!

SERVICE

DEPTH OF JOB **1650**

PUMP TRUCK CHARGE **2011.00**

EXTRA FOOTAGE @

MILEAGE **30** @ **7.90** **210.00**

MANIFOLD **1** @ **113** **113.00**

CHARGE TO: **Midwestern Exploration**

TOTAL **2334.00**

PLUG & FLOAT EQUIPMENT

Guide Shoe **1** @ **258.00** **258.00**

AFU Insert **1** @ **158.00** **158.00**

Centralizer **4** @ **49.00** **196.00**

Basket **1** @ **221.00** **221.00**

Top Rubber Plug **1** @ **79.00** **79.00**

TOTAL **907.00**

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cement 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.

PRINTED NAME _____

SALES TAX (If Any) _____

TOTAL CHARGES **907.00**

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *Bill Souchet*

ALLIED CEMENTING CC, LLC.

Federal Tax I.D.# 20-5975804

30841

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

SERVICE POINT:

Liberal KS.

DATE <u>10-29-10</u>	SEC. <u>14</u>	TWP. <u>14</u>	RANGE	CALLED OUT	ON LOCATION	JOB START 5:30 PM	JOB FINISH 6:30 PM
LEASE <u>Midcon</u>	WELL # <u>2-14</u>	LOCATION <u>Vec</u>	<u>Tyrone OK</u>			COUNTY <u>Stevens</u>	STATE <u>KS</u>
OLD OR <u>NEW</u>	(Circle one)						

OWNER

CONTRACTOR H₂ Drilling
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 6720
 CASING SIZE 4 1/2 DEPTH 6741.58
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 38.72
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 106.4
 EQUIPMENT

CEMENT
 AMOUNT ORDERED Lead - 505⁴ Class A
Seawater Tail - 250⁵ sk ASC
6" spread, 102 salt, 2 1/2 gal 15# Kals 5FI-110
 COMMON 50 @ 15.45 772.50
 POZMIX @
 GEL @
 CHLORIDE @
 ASC 250 @ 18.60 4650.00
 Kalsoul 1250 @ .89 1112.50
 FI-160 118 @ 13.30 1569.40
 Mud Flush 420 @ 1.27 533.40
 HANDLING 377 @ 2.40 904.80
 MILEAGE 10.673.60
 TOTAL 10,673.60

REMARKS:
THANK YOU!!!

SERVICE

PUMP TRUCK CEMENTER Kenny
 # 420-487 HELPER Cesar
 BULK TRUCK
 # 457-251 DRIVER Jose
 BULK TRUCK
 # DRIVER

DEPTH OF JOB 6720.00
 PUMP TRUCK CHARGE 2884.00
 EXTRA FOOTAGE @
 MILEAGE 30 @ 7.00 210.00
 MANIFOLD 1 @ 113 113.00
 TOTAL 3207.00

PLUG & FLOAT EQUIPMENT

AFU Float Shoe 1 @ 206 206.00
 Centralizers 18 @ 32 576.00
 Basket 1 @ 147 147.00
 Latchdown Plug 1 @ 144 144.00
 Thread Lock 1 @ 34 34.00
 TOTAL 1107.00

CHARGE TO: Midwestern Exploration

STREET CITY STATE ZIP

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.

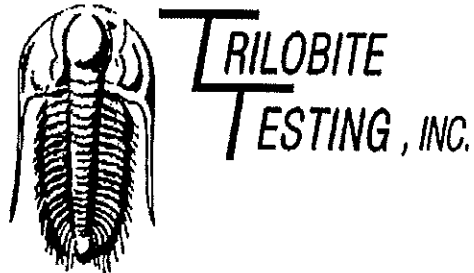
PRINTED NAME

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

SIGNATURE

Billy Coughlin

[Signature]



DRILL STEM TEST REPORT

Prepared For: **Midwestern Exploration**

3500 S Boulevard Suite 2B Edmond OK
73013+5487

ATTN: Tom Williams

14-35-35 Stevens,KS

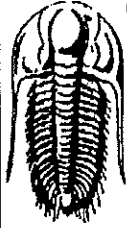
Marian 2-14

Start Date: 2010.10.27 @ 08:30:00

End Date: 2010.10.27 @ 19:02:19

Job Ticket #: 40293 DST #: 1

Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Midwestern Exploration

Marian 2-14

3500 S Boulevard Suite 2B Edmond OK
73013+5487

14-35-35 Stevens,KS

ATTN: Tom Williams

Job Ticket: 40293

DST#: 1

Test Start: 2010.10.27 @ 08:30:00

GENERAL INFORMATION:

Formation: **Chester Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:13:05

Time Test Ended: 19:02:19

Test Type: Conventional Bottom Hole

Tester: Harley Davidson

Unit No: 33

Interval: **6580.00 ft (KB) To 6640.00 ft (KB) (TVD)**

Reference Elevations: 2963.00 ft (KB)

Total Depth: 6640.00 ft (KB) (TVD)

2952.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 11.00 ft

Serial #: 6772 Inside

Press@RunDepth: 74.36 psig @ 6582.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2010.10.27

End Date:

2010.10.27

Last Calib.: 2010.10.27

Start Time: 08:30:05

End Time:

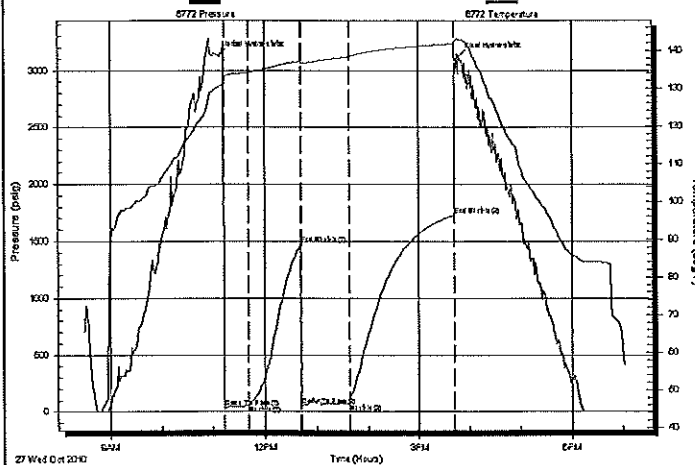
19:02:20

Time On Btm: 2010.10.27 @ 11:07:25

Time Off Btm: 2010.10.27 @ 15:47:24

TEST COMMENT: IF- Good building blow 14min. BOB.
IS- No blow back.
FF- Good building blow 7min. BOB.
FSI- No blow back.

Pressure vs. Time



PRESSURE SUMMARY

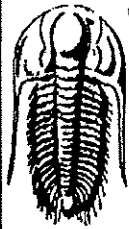
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	3130.77	130.38	Initial Hydro-static
6	37.43	132.58	Open To Flow (1)
34	52.05	134.20	Shut-In(1)
94	1471.44	137.07	End Shut-In(1)
95	51.02	136.50	Open To Flow (2)
151	74.36	138.35	Shut-In(2)
275	1730.62	141.71	End Shut-In(2)
280	3125.25	142.87	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	600 GIP	0.00
110.00	5% oil 5% gas 90% mud	0.54

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Midwestern Exploration

Marian 2-14

3500 S Boulevard Suite 2B Edmond OK
73013+5487

14-35-35 Stevens,KS

Job Ticket: 40293

DST#: 1

ATTN: Tom Williams

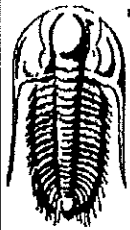
Test Start: 2010.10.27 @ 08:30:00

Tool Information

Drill Pipe:	Length: 5904.00 ft	Diameter: 3.80 inches	Volume: 82.82 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 652.00 ft	Diameter: 2.25 inches	Volume: 3.21 bbl	Weight to Pull Loose: 120000.0 lb
		<u>Total Volume:</u>	<u>86.03 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	4.00 ft			String Weight: Initial 115000.0 lb
Depth to Top Packer:	6580.00 ft			Final 115000.0 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	60.00 ft			
Tool Length:	88.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			6553.00	
Shut In Tool	5.00			6558.00	
Hydraulic tool	5.00			6563.00	
Jars	5.00			6568.00	
Safety Joint	3.00			6571.00	
Packer	5.00			6576.00	28.00 Bottom Of Top Packer
Packer	4.00			6580.00	
Stubb	1.00			6581.00	
Perforations	1.00			6582.00	
Recorder	0.00	8355	Inside	6582.00	
Recorder	0.00	6772	Inside	6582.00	
Change Over Sub	1.00			6583.00	
Drill Pipe	31.00			6614.00	
Change Over Sub	1.00			6615.00	
Perforations	22.00			6637.00	
Bullnose	3.00			6640.00	60.00 Bottom Packers & Anchor
Total Tool Length:	88.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Midwestern Exploration
3500 S Boulevard Suite 2B Edmond OK
73013+5487
ATTN: Tom Williams

Marian 2-14
14-35-35 Stevens, KS
Job Ticket: 40293 **DST#: 1**
Test Start: 2010.10.27 @ 08:30:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1200.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
0.00	600 GIP	0.000
110.00	5% oil 5% gas 90% mud	0.541

Total Length: 110.00 ft Total Volume: 0.541 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Serial #: 6772

Inside

Midwestern Exploration

14-35-35 Stevens, KS

DST Test Number: 1

