



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
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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: _____



1055390

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
---	---

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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GENERAL INFORMATION

Client Information:

Company: MID CONTINENT ENERGY EXPL

Contact: RICHARD SAENZ

Phone: Fax: e-mail:

Site Information:

Contact: LARRY NICHOLSON

Phone: Fax: e-mail:

Well Information:

Name: ZWELGARDT 1-34

Operator: MID CONTINENT ENERGY EXPL

Location-Downhole:

Location-Surface: S34/2S/41W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: LARRY NICHOLSON

Test Type: CONVENTIONAL Job Number: D894

Test Unit:

Start Date: 2011/01/20 Start Time: 08:15:00

End Date: 2011/01/20 End Time: 16:40:00

Report Date: 2011/01/20 Prepared By: JOHN RIEDL

Remarks: Qualified By: LARRY NICHOLSON

RECOVERY: 270' DRILLING MUD WITH SOME SPECKED IN TOP JOINT



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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 _____

Remarks: _____

Price Job
Other Charges
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.

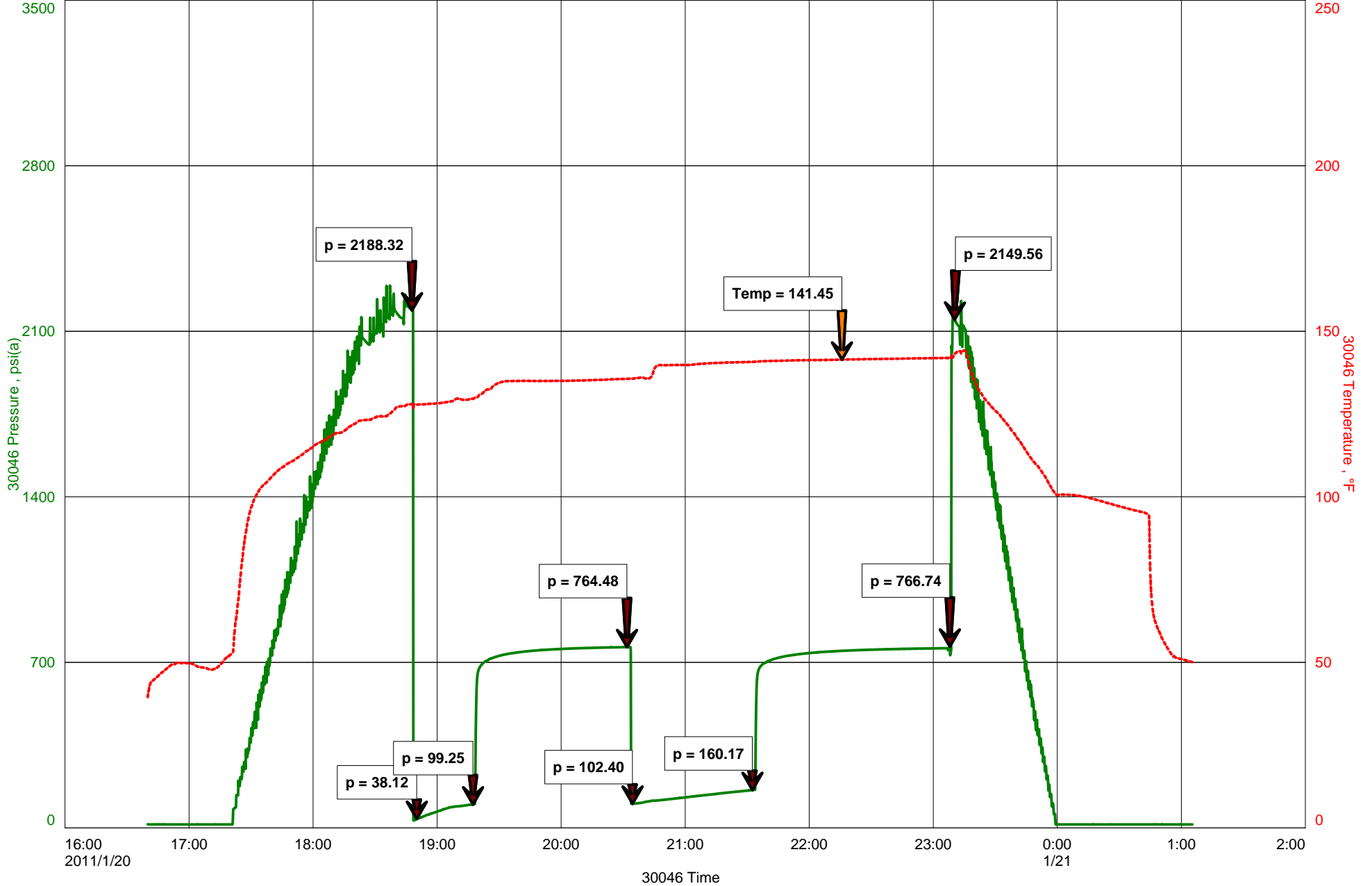
Final Flow Period Minutes (E) _____ P.S.I. to (F) _____ P.S.I.

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.

ZWELGARDT 1-34



GENERAL INFORMATION

Client Information:

Company: MID CONTINENT ENERGY EXPL

Contact: RICHARD SAENZ

Phone: Fax: e-mail:

Site Information:

Contact: LARRY NICHOLSON

Phone: Fax: e-mail:

Well Information:

Name: ZWEYGARDT 1-34

Operator: MID CONTINENT ENERGY EXPL

Location-Downhole:

Location-Surface: S34/2S/41W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: LARRY NICHOLSON

Test Type: CONVENTIONAL Job Number: D895

Test Unit:

Start Date: 2011/01/21 Start Time: 08:00:00

End Date: 2011/01/21 End Time: 14:20:00

Report Date: 2011/01/21 Prepared By: JOHN RIEDL

Qualified By: LARRY NICHOLSON

Remarks:

RECOVERY: 140' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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: _____

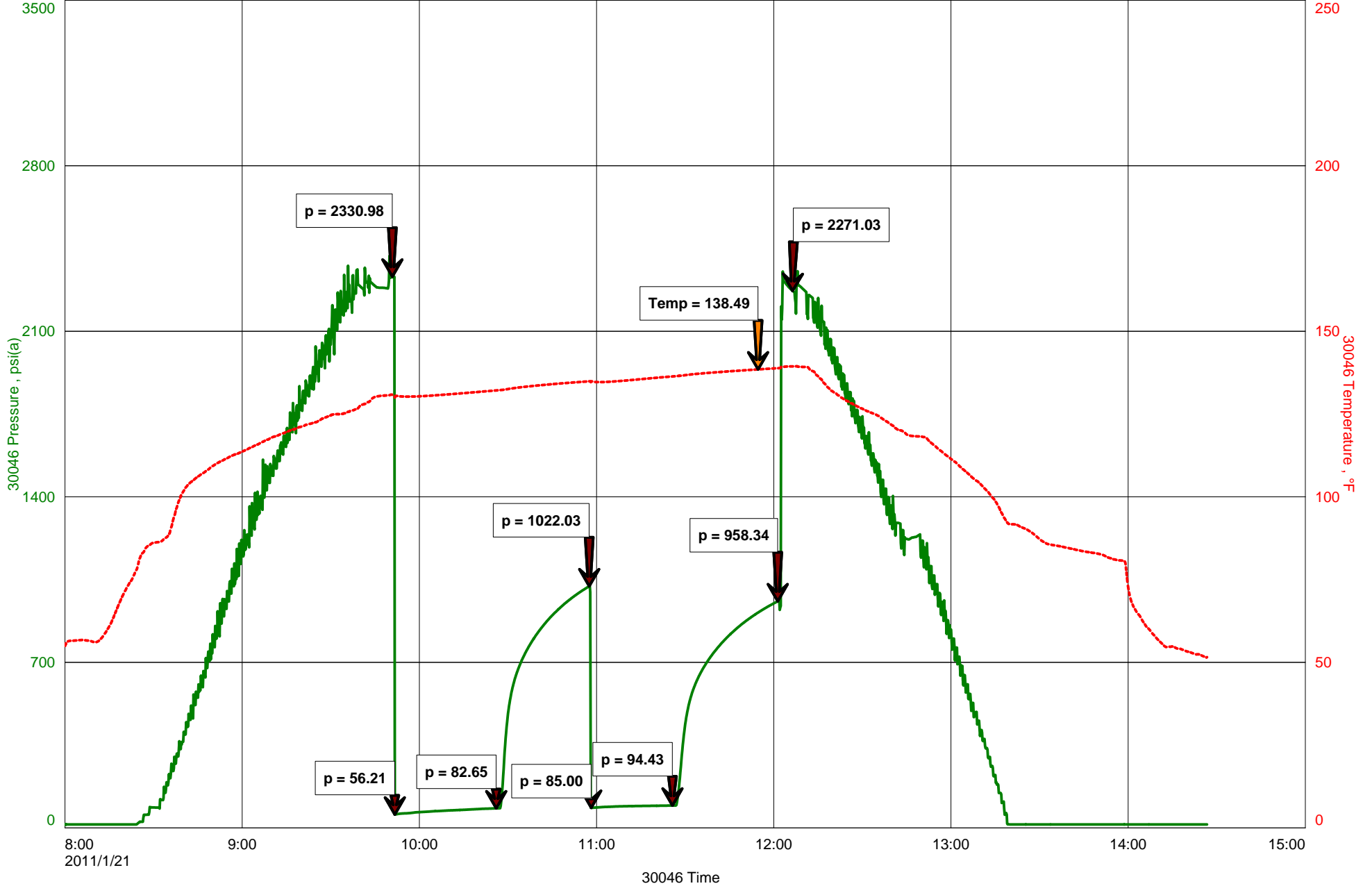
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	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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ZWEYGARDT 1-34



GENERAL INFORMATION

Client Information:

Company: MID CONTINENT ENERGY EXPL

Contact: RICHARD SAENZ

Phone: Fax: e-mail:

Site Information:

Contact: LARRY NICHOLSON

Phone: Fax: e-mail:

Well Information:

Name: ZWEYGARDT 1-34

Operator: MID CONTINENT ENERGY EXPL

Location-Downhole:

Location-Surface: S34/2S/41W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: LARRY NICHOLSON

Test Type: CONVENTIONAL Job Number: D886

Test Unit:

Start Date: 2011/01/22 Start Time: 00:01:00

End Date: 2011/01/22 End Time: 09:00:00

Report Date: 2011/01/22 Prepared By: JOHN RIEDL

Qualified By: LARRY NICHOLSON

Remarks:

RECOVERY: 320' WATER CUT MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

Company _____ Lease & Well No. _____

Contractor _____ Charge to _____

Elevation _____ Formation _____ Effective Pay _____ Ft. Ticket No. _____

Date _____ Sec. _____ Twp. _____ S Range _____ W County _____ State _____

Test Approved By _____ Diamond Representative **JOHN C. RIEDL**

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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 _____

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.

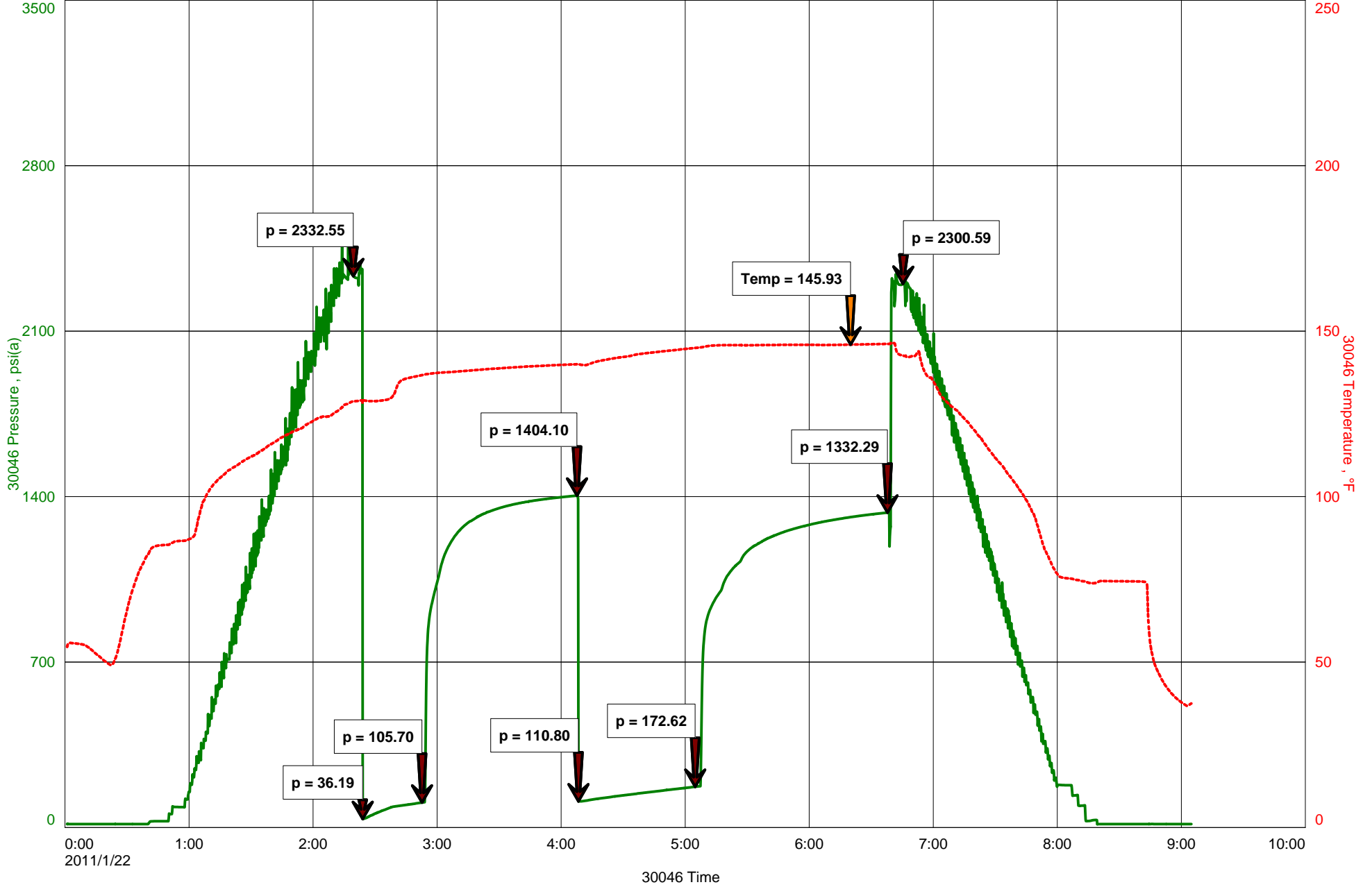
Final Closed In Period Minutes (G) _____ P.S.I.

Final Hydrostatic Pressure (H) _____ P.S.I.

Price Job
Other Charges
Insurance
Total

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ZWEYGARDT 1-34



GENERAL INFORMATION

Client Information:

Company: MID CONTINENT ENERGY EXPL
Contact: RICHARD SAENZ
Phone: Fax: e-mail:

Site Information:

Contact: LARRY NICHOLSON
Phone: Fax: e-mail:

Well Information:

Name: ZWEYGARDT 1-34
Operator: MID CONTINENT ENERGY EXPLORATION CO.
Location-Downhole:
Location-Surface: S34/2S/41W

Test Information:

Company: DIAMOND TESTING
Representative: JOHN RIEDL
Supervisor: LARRY NICHOLSON
Test Type: CONVENTIONAL Job Number: D897
Test Unit:
Start Date: 2011/01/23 Start Time: 03:15:00
End Date: 2011/01/23 End Time: 09:35:00
Report Date: 2011/01/23 Prepared By: JOHN RIEDL
Qualified By: LARRY NICHOLSON

Remarks:

RECOVERY: 40' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

DRILL-STEM TEST TICKET

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

Formation Test No. _____ Interval Tested from _____ ft. to _____ ft. Total Depth _____ ft.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.
 Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ 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 BOWEN 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: _____

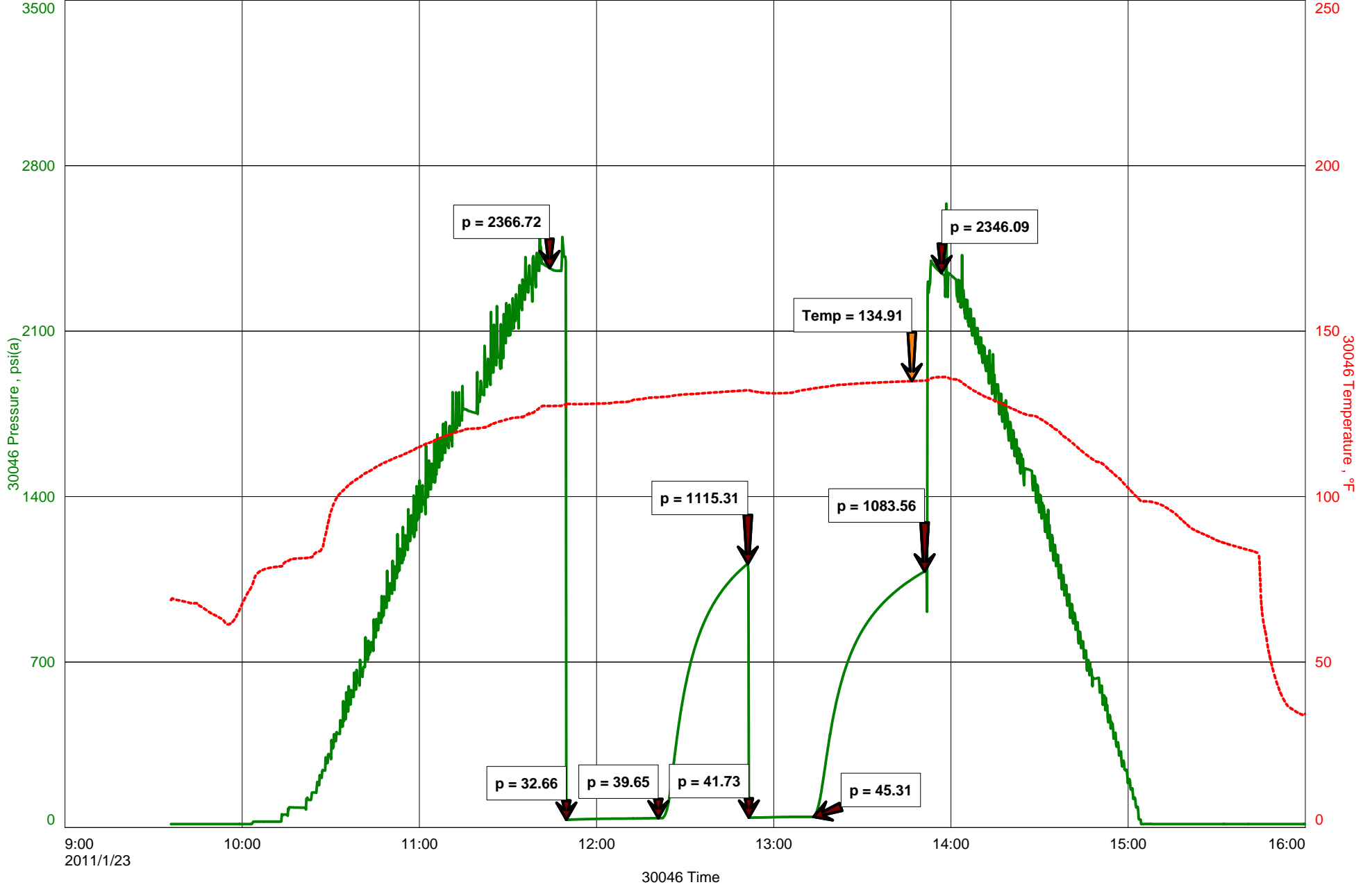
Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Remarks: _____ _____ _____	Price Job
	Other Charges
	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.

ZWETGARDT 1-34



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

May 18, 2011

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

Re: ACO1
API 15-023-21293-00-00
Zweygardt 1-34
SE/4 Sec.34-02S-41W
Cheyenne 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

Voice: (785) 483-3887

Fax: (785) 483-5566

RECEIVED

JAN 24 2011

INVOICE

Invoice Number: 125907

Invoice Date: Jan 14, 2011

Page: 1

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

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms
MidCoEnOp	Zweygardt #1-34	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Oakley	Jan 14, 2011
		Due Date
		2/13/11

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	15.45	2,858.25
4.00	MAT	Gel	20.80	83.20
7.00	MAT	Chloride	58.20	407.40
196.00	SER	Handling	2.40	470.40
100.00	SER	Mileage 196 sx @ .10 per sk per mi	19.60	1,960.00
1.00	SER	Surface	1,018.00	1,018.00
100.00	SER	Pump Truck Mileage	7.00	700.00

ENTERED JAN 25 2011
 11 1005
SCANNED ATTACHED

CO.# AFE
 LSE# 100033
 ACGT# 1562-30
 APPROVED
 BCP ACP LOE

Subtotal	7,497.25
Sales Tax	277.95
Total Invoice Amount	7,775.20
Payment/Credit Applied	
TOTAL	7,775.20

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

\$ 1499.45

ONLY IF PAID ON OR BEFORE
Feb 8, 2011

< 1,499.45 >
 6,275.75
 OK 25307



PO BOX 31 Russell, KS 67665

Voice: (785) 483-3887

Fax: (785) 483-5566

RECEIVED

JAN 24 2011

INVOICE

Invoice Number: 125907

Invoice Date: Jan 14, 2011

Page: 1

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

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms
MidCoEnOp	Zweygardt #1-34	Net 30 Days
Job Location	Camp Location	Service Date
KS1-01	Oakley	Jan 14, 2011
		Due Date
		2/13/11

Quantity	Item	Description	Unit Price	Amount
185.00	MAT	Class A Common	15.45	2,858.25
4.00	MAT	Gel	20.80	83.20
7.00	MAT	Chloride	58.20	407.40
196.00	SER	Handling	2.40	470.40
100.00	SER	Mileage 196 sx @ .10 per sk per mi	19.60	1,960.00
1.00	SER	Surface	1,018.00	1,018.00
100.00	SER	Pump Truck Mileage	7.00	700.00

CO.# AFE
 LSE# 150033
 ACGT# 1562-30
 APPROVED
 BCP ACP LOE

ENTERED JAN 25 2011

SCANNED ATTACHED

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

\$ 1499.45

ONLY IF PAID ON OR BEFORE

Feb 8, 2011

Subtotal	7,497.25
Sales Tax	277.95
Total Invoice Amount	7,775.20
Payment/Credit Applied	
TOTAL	7,775.20

< 1,499.45

6,275.75

OK 25307

ALLIET CEMENTING CO., LLC. 040810

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oralley

1-14-11 DATE	34 SEC	2 TWP	41 RANGE	3:45pm CALLED OUT	7:45pm ON LOCATION	7:30pm JOB START	KS JOB FINISH STATE
Zweygardt LEASE	WELL# 1-34	LOCATION St Francis w - Hwy 27	4w - (Cekuren sign) 3 w - w follow curves				

OLD OR ~~NEW~~ (Circle one)

CONTRACTOR W-W #2 OWNER

TYPE OF JOB Surf ace

HOLE SIZE 12 1/4 T.D. 306'

CASING SIZE 8 5/8 DEPTH 305

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX DEPTH

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 18.4 Bbls

EQUIPMENT

PUMP TRUCK CEMENTER Fuzzy

431 HELPER Darion

BULK TRUCK

394 DRIVER Serry

BULK TRUCK DRIVER

DRIVER

CEMENT
AMOUNT ORDERED 185 cons 3970cc
2 bags

COMMON	185	@	15	42	2858	25
POZMIX		@				
GEL	4	@	20	80	83	20
CHLORIDE	7	@	58	20	407	40
ASC		@				

HANDLING	196	@	2	40	470	40
MILEAGE	.10 x 5K 4 mile				1960	00
TOTAL					5779	25

REMARKS:

Cement did circulate

Job complete @ 7:30pm

Thanks Fuzzy & crew

CHARGE TO: Mid Continent Energy Op.

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB	305			1018	00	
PUMP TRUCK CHARGE		@				
EXTRA FOOTAGE		@				
MILEAGE	100	@	7	90	700	00
MANIFOLD		@				

TOTAL 1718

PLUG & FLOAT EQUIPMENT

	@				
	@				
	@				
	@				
	@				

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT

IF PAID IN 30 DAYS

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 Lennie Lutz

SIGNATURE Lennie Lutz

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

May 18, 2011

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

Re: ACO-1
API 15-023-21293-00-00
Zweygardt 1-34
SE/4 Sec.34-02S-41W
Cheyenne County, Kansas

Dear G. M. Canaday:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/14/2011 and the ACO-1 was received on May 18, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department