



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: _____



1060295

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	White Exploration, Inc.
Well Name	Nuss-Craghead Unit 1
Doc ID	1060295

All Electric Logs Run

Compensate Density/Neutron
Dual Induction
Micro
Sonic

Form	ACO1 - Well Completion
Operator	White Exploration, Inc.
Well Name	Nuss-Craghead Unit 1
Doc ID	1060295

Tops

Name	Top	Datum
Anhydrite	1557	772
Base Anhydrite	1587	742
Lansing	3946	-1617
Stark Shale	4231	-1902
BKC	4346	-2017
Marmaton	4370	-2041
Cherokee Shale	4505	-2176
Base Penn Lime	4581	-2252
Cherokee Sand	4612	-2283
Mississippi Dolomite	4657	-2329



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer Van Winkle		Lease No.		Date	
Lease	W332500001	Well #	1	Service Receipt	2/17/11
Casing	4 3/4" 11	Depth	263	County	Hotchkiss
Job Type	SURFILL	Formation		State	KS
Pipe Data			Legal Description	30-22-20	

Pipe Data		Perforating Data		Cement Data	
Casing size	4 3/4"	Tubing Size		Shots/Ft	
Depth	263, 94	Depth	15	From	To
Volume	15	Volume		From	To
Max Press	500	Max Press		From	To
Well Connection	SURFACE	Annulus Vol.		From	To
Plug Depth		Packer Depth		From	To

Time	Casing Pressure	Tubing Pressure	Bbls Pumped	Rate	Service Log	Cement Data	
						Lead	Tail in
02:00			0		ONLY SPOT TUCKER 23 1/2 544 1/4		
05:50			36		Spot for		
09:14			36		Start Circulation		
09:30			36		Flow at 15		
09:35			3		STOP		
09:35			15		START PERFORMING		
					THICK CHL		
					Check Pressure		
Service Units	2155	3000	1852	44			
Driver Names	JOHN	120	210	13			

Customer Representative _____ Station Manager *Scott Bennett* Cementer _____



Liberal, Kansas

Cement Report

Customer	White Exploration		Lease No.		Date	7-26-11	
Lease	Nuss Crosshead Unit	Well #	1	Service Receipt #	18724		
Casing	4 1/2" DP	Depth	1640	County	Hodgeman	State	KS
Job Type	PTA	Well	244	Legal Description	36-22-24		
Pipe Data				Perforating Data		Cement Data	
Casing size		Tubing Size	4 1/2" D.Pipe	Shots/Ft		Lead	
Depth		Depth	1640	From	To		
Volume		Volume	23645	From	To		
Max Press		Max Press	500	From	To	Tail in 2305K	
Well Connection		Annulus Vol.		From	To	1,514.5K 60-40	
Plug Depth		Packer Depth		From	To	756d-9K 13.5#5	
Service Log							
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Hand 8:00AM		
1640					Arrive on location		
1630					Safety meeting - BSUP		
1650					BS Tripping in Drill Pipe		
1915		1600		1.0	Pressure Test		
1920		350		3.0	Pump out @ 13.5# @ 1440'		
1936		300		1.6	Displace - Mud		
2020		200		2.15	Pump out @ 13.5# @ 700'		
2030		200		6	Displace		
2135		200		13.5	Pump out @ 13.5# @ 270'		
2145		200		2	Displace		
2210		200		3.3	Pump out @ 13.5# @ 60'		
2225		200		2	Displace		
2236		200		8.1	Pigs Rat's Mouse Holes		
					Cement to surface		
2315					Job Complete		
THANKS for being BASIC Energy Services							
Service Units	19820	3811-19919	19828-4284				
Driver Names	Amur	Noban, M.	Linda T.				

Mike Korn

Sony Smith

Ernie Amur

Customer Representative

Station Manager

Cementer



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

White Exploration Inc.
2400 N Woodlaw n Ste. 115
Wichita KS 67202
ATTN: Ken Leblanc

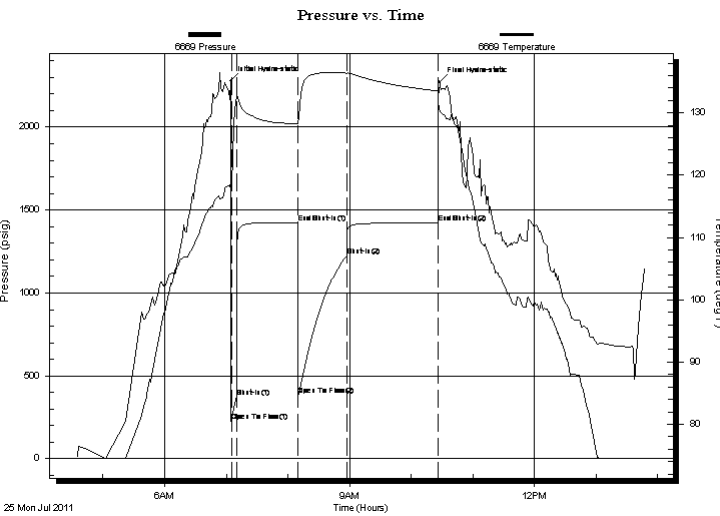
Nuss Craighead Unit
36-22-24 Hodgeman KS
Job Ticket: 43174 **DST#: 1**
Test Start: 2011.07.25 @ 04:35:15

GENERAL INFORMATION:

Formation: **Basal Sand-Cherokee**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole
Time Tool Opened: 07:04:45 Tester: Mike Roberts
Time Test Ended: 13:48:00 Unit No: 48
Interval: 4555.00 ft (KB) To 4625.00 ft (KB) (TVD) Reference Elevations: 2327.00 ft (KB)
Total Depth: 4625.00 ft (KB) (TVD) 2322.00 ft (CF)
Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 5.00 ft

Serial #: 6669 Outside
Press @ Run Depth: 1225.66 psig @ 4620.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.07.25 End Date: 2011.07.25 Last Calib.: 2011.07.25
Start Time: 04:35:15 End Time: 13:48:00 Time On Btm: 2011.07.25 @ 07:04:30
Time Off Btm: 2011.07.25 @ 10:28:00

TEST COMMENT: IF:BOB in 2 min.
IS:No return blow
FF:BOB in 2 min.
FS:No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2280.42	118.94	Initial Hydro-static
1	228.44	118.69	Open To Flow (1)
6	373.05	132.41	Shut-In(1)
65	1425.46	128.21	End Shut-In(1)
66	386.55	128.45	Open To Flow (2)
113	1225.66	136.38	Shut-In(2)
202	1422.91	133.54	End Shut-In(2)
204	2274.41	130.44	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2418.00	mcsw 5% m 95% sw	33.92
310.00	m 100% m	4.35

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

White Exploration Inc.
2400 N Woodlaw n Ste. 115
Wichita KS 67202
ATTN: Ken Leblanc

Nuss Craighead Unit
36-22-24 Hodgeman KS
Job Ticket: 43174 **DST#: 1**
Test Start: 2011.07.25 @ 04:35:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 0 deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity: 13000 ppm
Viscosity: 58.00 sec/qt	Cushion Volume: bbl	
Water Loss: 13.57 in ³	Gas Cushion Type:	
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig	
Salinity: 4000.00 ppm		
Filter Cake: 1.00 inches		

Recovery Information

Recovery Table

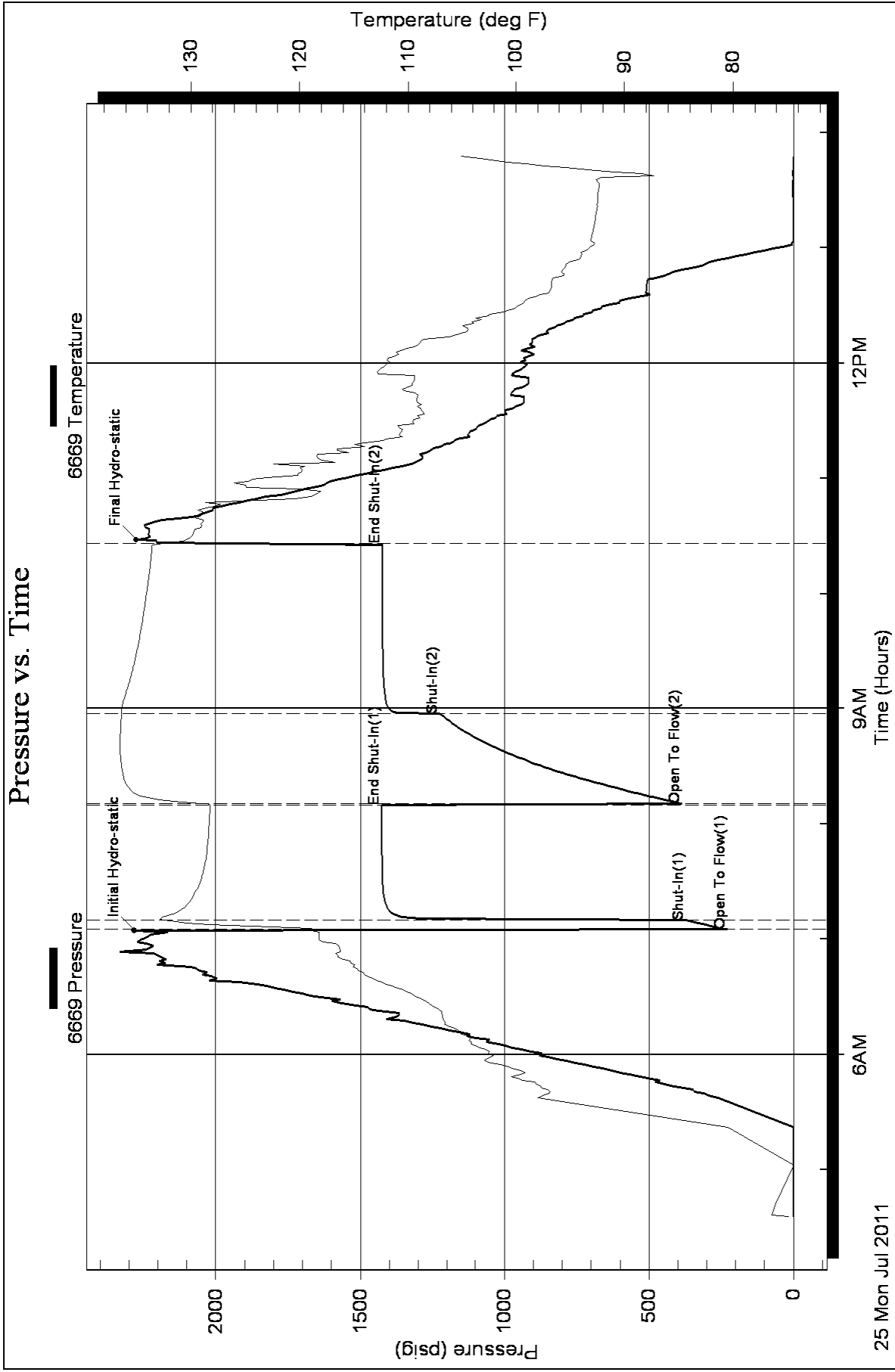
Length ft	Description	Volume bbl
2418.00	mcsw 5% m 95% sw	33.918
310.00	m 100% m	4.348

Total Length: 2728.00 ft Total Volume: 38.266 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW= .44@97.3*=13,000 ppm



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



Phone: 316-337-6200
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<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

August 31, 2011

Kenneth S. White
White Exploration, Inc.
2400 N WOODLAWN STE 115
WICHITA, KS 67220-3966

Re: ACO1
API 15-083-21716-00-00
Nuss-Craghead Unit 1
NE/4 Sec.36-22S-24W
Hodgeman 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,
Kenneth S. White