

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1073663

Form ACO-1

August 2013

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer

- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

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

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
--	--	---



24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (817) 546-7282
Fax: (817) 246-3361

RECEIVED

NOV 14 2011

INVOICE

Invoice Number: 129171

Invoice Date: Nov 5, 2011

Page: 1

Bill To:

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

Federal Tax ID #: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
MidCoEnOp	Brenner #1-26	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Nov 5, 2011	12/5/11

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	16.25	2,925.00
120.00	MAT	Pozmix	8.50	1,020.00
10.00	MAT	Gel	21.25	212.50
75.00	MAT	FloSeal	2.70	202.50
313.00	SER	Handling	2.25	704.25
35.00	SER	Mileage	34.43	1,205.05
1.00	SER	Rotary Plug	1,250.00	1,250.00
70.00	SER	Heavy Vehicle Mileage	7.00	490.00
70.00	SER	Light Vehicle Mileage	4.00	280.00
1.00	EQUIP OPER	Bobby Roller		
1.00	OPER ASSIST	Dustin Chambers		
1.00	OPER ASSIST	Kevin Weighous		

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

\$2645.39

ONLY IF PAID ON OR BEFORE
Nov 30, 2011

Subtotal	8,289.30
Sales Tax	522.23
Total Invoice Amount	8,811.53
Payment/Credit Applied	
TOTAL	8,811.53

ALLIED CEMENTING CO., LLC. 042289

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Great Bend KS

DATE 11-5-11	SEC 20	TWP. 19S	RANGE 27W	CALLED OUT	ON LOCATION	JOB START 6:30am	JOB FINISH 7:30pm
LEASE Scanner	WELL# 1-26	LOCATION Alamogordo KS 90 + Turkey Red			COUNTY Lane	STATE KS	
OLD OR NEW (Circle one)			RD 75 12 Southwester				

CONTRACTOR Val Energy #7
TYPE OF JOB Rotary Plug
HOLE SIZE 7 7/8 ID. 4702
CASING SIZE 8 5/8 DEPTH
TUBING SIZE DEPTH
DRILL PIPE 4 1/2 DEPTH 2020
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG. all
PERFS.
DISPLACEMENT Freshwater

OWNER Mid Continent Energy
CEMENT
AMOUNT ORDERED 3003x 60/40 490gal.
1/4 flt

EQUIPMENT
PUMP TRUCK CEMENTER Bobel
366 HELPER Dwyer G.
BULK TRUCK
344-170 DRIVER Kevin W
BULK TRUCK
DRIVER

COMMON 180	@ 16.25	2,925.00
POZ MIX 120	@ 8.50	1,020.00
GEL 10	@ 21.25	212.50
CHLORIDE	@	
ASC	@	
7.5 H. Flo-sol	@ 2.70	202.50
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING 313	@ 2.25	704.25
MILEAGE 313 x 35x.11		1205.93
		TOTAL 6,269.33

REMARKS:

1st plug at 2020' m/s 80%
2nd plug at 1250' m/s 80%
3rd plug at 630' m/s 80%
4th plug at 330' m/s 80%
5th plug at 60' m/s 80%
RD 75
MH 2030

SERVICE

DEPTH OF JOB 2020		
PUMP TRUCK CHARGE		1,250.00
EXTRA FOOTAGE	@	
MILEAGE HWM 70	@ 7.00	490.00
MANIFOLD	@	
LVM 70	@ 4.00	280.00
	@	

TOTAL 2020.00

CHARGE TO: Mid Continent Energy
STREET
CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL

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 James Shu / 12

SIGNATURE [Signature]

SALES TAX (if Any)
TOTAL CHARGES 8,289.30
DISCOUNT 2,645.38
IF PAID IN 30 DAYS
5,643.92

Thank you!



24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (817) 546-7282
Fax: (817) 246-3361

RECEIVED

NOV - 7 2011

INVOICE

Invoice Number: 129042

Invoice Date: Oct 26, 2011

Page: 1

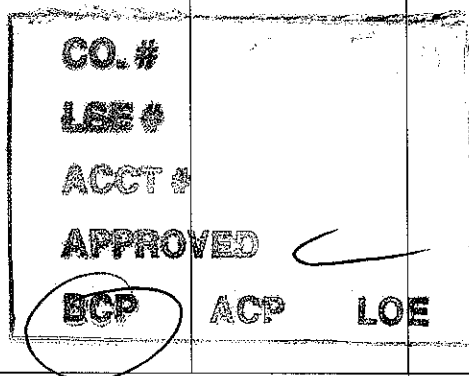
Bill To:

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	Brenner #1-26	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Oct 26, 2011	11/25/11

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	16.25	2,925.00
3.00	MAT	Gel	21.25	63.75
6.00	MAT	Chloride	58.20	349.20
189.00	SER	Handling	2.25	425.25
32.00	SER	Mileage	20.79	665.28
1.00	SER	Surface	1,125.00	1,125.00
64.00	SER	Heavy Vehicle Mileage	7.00	448.00
64.00	SER	Light Vehicle Mileage	4.00	256.00
1.00	EQP	8 5/8 Wooden Plug	94.00	94.00
1.00	EQUIP OPER	Greg Redetzke		
1.00	OPER ASSIST	Shane Konzem		
1.00	EQUIP OPER	Bobby Roller		
1.00	OPER ASSIST	Jonathon Ploutz		



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

\$ 1,954.94

ONLY IF PAID ON OR BEFORE
Nov 20, 2011

Subtotal	6,351.48
Sales Tax	216.21
Total Invoice Amount	6,567.69
Payment/Credit Applied	
TOTAL	6,567.69

ALLIED CEMENTING CO., LLC. 037407

Federal Tax I.D.# 20-5975804

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

SERVICE POINT
West Bend, KS
10-27-11

DATE <u>10-26-11</u>	SEC. <u>26</u>	TWP. <u>19s</u>	RANGE <u>27w</u>	CALLED OUT	ON LOCATION	JOB START <u>5:30 AM</u>	JOB FINISH <u>6:00 AM</u>
LEASE <u>Brayer</u>	WELL# <u>1-26</u>	LOCATION <u>Dighton, KS 999st</u>		COUNTY <u>Jesse</u>	STATE <u>KS</u>		
OLD OR (NEW) (Circle one) <u>NEW</u>				<u>17 south, 199st south into</u>			

CONTRACTOR Vai #17

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D.

CASING SIZE 8 7/8 DEPTH 310

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15 ft.

PERFS.

DISPLACEMENT

OWNER Mid-Continent Energy

CEMENT

AMOUNT ORDERED 1803ks Class A

30% cc 20% gel

COMMON	<u>1803x</u>	@	<u>16.25</u>	<u>2,925.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>21.25</u>	<u>63.75</u>
CHLORIDE	<u>6</u>	@	<u>58.20</u>	<u>349.20</u>
ASC		@		

	@		
	@		
	@		
	@		
	@		
	@		
	@		
	@		

HANDLING 189 @ 2.25 425.25

MILEAGE 189 x 32x.11 605.34

TOTAL 4,428.48

REMARKS:

Pipe on bottom - Break circ.
with 180 Class A 30% cc 20% gel
Shut down - release plug
Displace with 180 Class A
fresh water - Shut in
Pressure circ. Circulate
Plug down @ 6:00 AM

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1225.00</u>
EXTRA FOOTAGE	@	
MILEAGE <u>44M</u>	@ <u>7.00</u>	<u>448.00</u>
MANIFOLD	@	
<u>1000 ft</u>	@	
<u>44M</u>	@ <u>4.00</u>	<u>256.00</u>

TOTAL 1829.00

CHARGE TO: Mid-Continent Energy

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

	@	
	@	
<u>wooden plug</u>	@ <u>94.00</u>	<u>94.00</u>
	@	
	@	

TOTAL 94.00

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.

PRINTED NAME James Schultz

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES 6,351.48

DISCOUNT 70% 281954.93

IF PAID IN 30 DAYS

4,396.55

GENERAL INFORMATION

Client Information:

Company: MID-CONTINENT ENERGY

Contact: RICHARD SAENZ

Phone: Fax: e-mail:

Site Information:

Contact: AUSTIN GARDNER

Phone: Fax: e-mail:

Well Information:

Name: BRENNER 1-26

Operator: MID- CONTINENT ENERGY

Location-Downhole:

Location-Surface: S16/19S/27W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: AUSTIN GARDNER

Test Type: CONVENTIONAL Job Number: D1051

Test Unit:

Start Date: 2011/11/03 Start Time: 11:00:00

End Date: 2011/11/03 End Time: 18:40:00

Report Date: 2011/11/03 Prepared By: JOHN RIEDL

Qualified By: AUSTIN GARDNER

Remarks:

RECOVERY: 2800' WATER



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

ON 11:00 11/02/11

OFF 18:40 11/02/11

DRILL-STEM TEST TICKET

STC/Brenner1-26dst1

Company MID-CONTINENT ENERGY Lease & Well No. BRENNER 1-26
Contractor VAL ENERGY RIG 7 Charge to MID-CONTINENT ENERGY
Elevation _____ Formation KANSAS CITY "A" Effective Pay _____ Ft. Ticket No. D1051
Date 11/02/11 Sec. 16 Twp. 19 S Range 27 W County LANE State KANSAS
Test Approved By AUSTIN GARDNER Diamond Representative JOHN C. RIEDL

Formation Test No. 1 Interval Tested from 4265 ft. to 4297 ft. Total Depth 4297 ft.

Packer Depth 4260 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Packer Depth 4265 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4268 ft. Recorder Number 30046 Cap. 6,000 P.S.I.

Bottom Recorder Depth (Outside) 4294 ft. Recorder Number 11073 Cap. 4000 P.S.I.

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 56 Drill Collar Length 0 ft. I.D. 2 1/4 in.

Weight 9.2 Water Loss 5.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.

Chlorides 4,800 P.P.M. Drill Pipe Length 4239 ft. I.D. 3 1/2 in.

Jars: Make BOWEN Serial Number #2 Test Tool Length 20 ft. Tool Size 3 1/2-IF in.

Did Well Flow? NO Reversed Out NO Anchor Length 32 ft. Size 4 1/2-FH in.

Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: STRONG (B.O.B 1 MINUTE) NO BB

2nd Open: STRONG (B.O.B 2 MINUTES) NO BB

Recovered 2800 ft. of WATER (CHLORIDES 50,000Ppm)

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 2800' IN DRILL PIPE

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 12:40 P.M. A.M. P.M. Time Started Off Bottom 4:55 P.M. A.M. P.M. Maximum Temperature 130

Initial Hydrostatic Pressure _____ (A) 2062 P.S.I.

Initial Flow Period _____ Minutes 30 (B) 218 P.S.I. to (C) 750 P.S.I.

Initial Closed In Period _____ Minutes 75 (D) 1142 P.S.I.

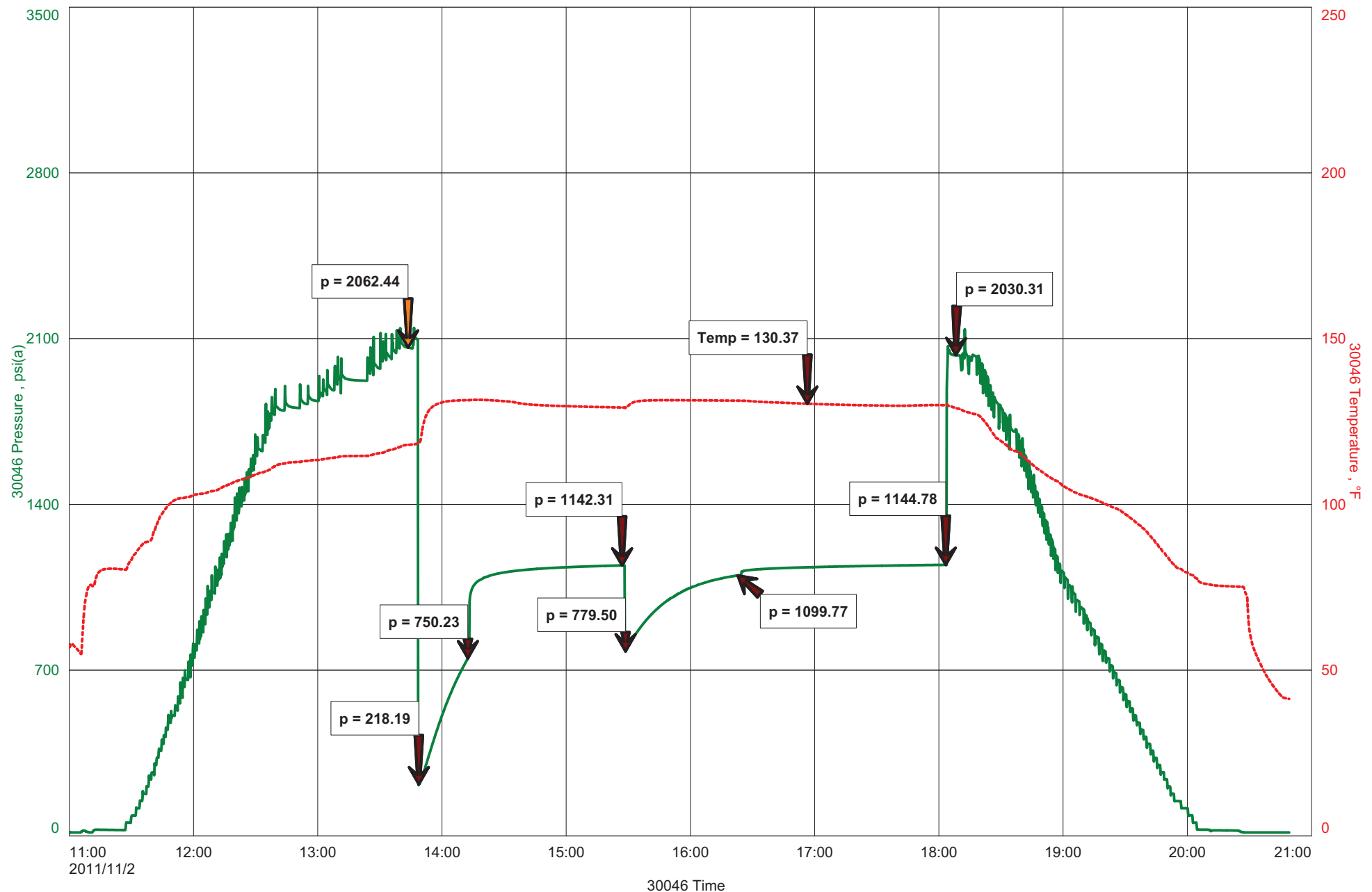
Final Flow Period _____ Minutes 60 (E) 780 P.S.I. to (F) 1100 P.S.I.

Final Closed In Period _____ Minutes 90 (G) 1145 P.S.I.

Final Hydrostatic Pressure _____ (H) 2030 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.

BRENNER 1-26



GENERAL INFORMATION

Client Information:

Company: MID CONTINENT ENERGY

Contact: RICHARD SAENZ

Phone: Fax: e-mail:

Site Information:

Contact: AUSTIN GARDNER

Phone: Fax: e-mail:

Well Information:

Name: BRENNER 1-26

Operator: MID-CONTINENT ENERGY

Location-Downhole:

Location-Surface: S16/19S/27W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: AUSTIN GARDNER

Test Type: CONVENTIONAL Job Number: D1052

Test Unit:

Start Date: 2011/11/03 Start Time: 09:00:00

End Date: 2011/11/03 End Time: 15:30:00

Report Date: 2011/11/03 Prepared By: JOHN RIEDL

Qualified By: AUSTIN GARDNER

Remarks:

RECOVERY: 20' DRILLING MUD



DIAMOND TESTING

P.O. Box 157

HOISINGTON, KANSAS 67544

(620) 653-7550 • (800) 542-7313

ON 09:00 11/03/11

OFF 15:30 11/03/11

DRILL-STEM TEST TICKET

STC/Brenner1-26dst2

Company MID-CONTINENT ENERGY Lease & Well No. BRENNER 1-26
Contractor VAL ENERGY RIG 7 Charge to MID-CONTINENT ENERGY
Elevation 2702 G.L. Formation KANSAS CITY "B" Effective Pay _____ Ft. Ticket No. D1052
Date 11/03/11 Sec. 16 Twp. 19 S Range 27 W County LANE State KANSAS
Test Approved By AUSTIN GARDNER Diamond Representative JOHN C. RIEDL

Formation Test No. 2 Interval Tested from 4300 ft. to 4328 ft. Total Depth 4328 ft.
Packer Depth 4295 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 4300 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 4303 ft. Recorder Number 30046 Cap. 6,000 P.S.I.
Bottom Recorder Depth (Outside) 4325 ft. Recorder Number 11073 Cap. 4000 P.S.I.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 62 Drill Collar Length 0 ft. I.D. 2 1/4 in.
Weight 9.2 Water Loss 5.5 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
Chlorides 4,800 P.P.M. Drill Pipe Length 4274 ft. I.D. 3 1/2 in.
Jars: Make BOWEN Serial Number #2 Test Tool Length 26 ft. Tool Size 3 1/2-IF in.
Did Well Flow? NO Reversed Out NO Anchor Length 28 ft. Size 4 1/2-FH in.
Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: VERY WEAK (DEAD 15 MINUTES) NO BB
2nd Open: VERY WEAK (DEAD 3 MINUTES) NO BB

Recovered 20 ft. of DRILLING MUD (2%WATER 98%MUD) CHLORIDES 5,000Ppm

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Remarks: TOTAL FLUID RECOVERY: 20' IN DRILL PIPE

TOOL SAMPLE GRINDOUT(3%WATER 97%MUD)

Price Job

Other Charges

Insurance

Total

Time Set Packer(s) 11:00 A.M. A.M. P.M. Time Started Off Bottom 1:00 P.M. A.M. P.M. Maximum Temperature 117

Initial Hydrostatic Pressure (A) 2046 P.S.I.

Initial Flow Period Minutes 30 (B) 31 P.S.I. to (C) 33 P.S.I.

Initial Closed In Period Minutes 30 (D) 1110 P.S.I.

Final Flow Period Minutes 30 (E) 36 P.S.I. to (F) 35 P.S.I.

Final Closed In Period Minutes 30 (G) 1094 P.S.I.

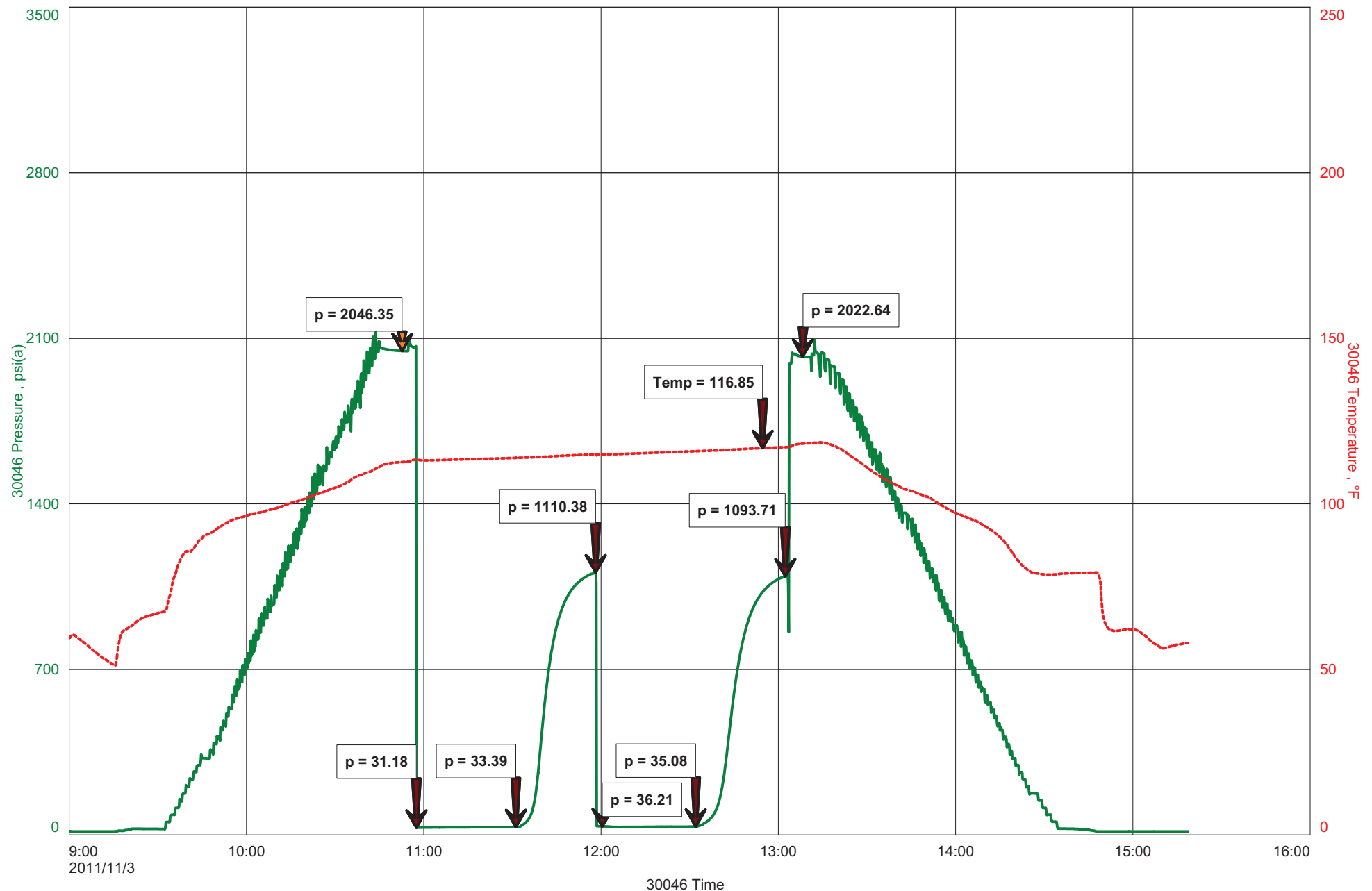
Final Hydrostatic Pressure (H) 2023 P.S.I.

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 ENERGY
Start Test Date: 2011/11/03
Final Test Date: 2011/11/03

BRENNER 1-26
Formation: KANSAS CITY "B"
Job Number: D1052

BRENNER 1-26



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/>

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

Sam Brownback, Governor

February 14, 2012

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

Re: ACO1
API 15-101-22330-00-00
Brenner 1-26
SW/4 Sec.26-19S-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