



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1073670
OIL & GAS CONSERVATION DIVISION

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
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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

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: _____

1073670

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

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

INSTRUCTIONS: Show important tops 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.

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 <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 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
<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 <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

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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DIAMOND TESTING

General Information Report

General Information

Company Name MID-CONTINENT ENERGY OPERATING COMPANY
Contact RICHARD SAENZ
Well Name FRITZ UNIT #1-24
Unique Well ID DST #1 MISSISSIPPI 4,212' - 4,254'
Surface Location SEC 24-17S-22W NESS COUNTY, KS
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL DRILL-STEM TEST
Formation DST #1 MISSISSIPPI 4,212' - 4,254'
Well Fluid Type 01 Oil

Representative ROGER D. FRIEDLY
Well Operator MID-CONTINENT ENERGY OPERATING COMPANY
Report Date 2011/11/18
Prepared By ROGER D. FRIEDLY
Qualified By AUSTIN GARNER

Start Test Date 2011/11/18
Final Test Date 2011/11/18

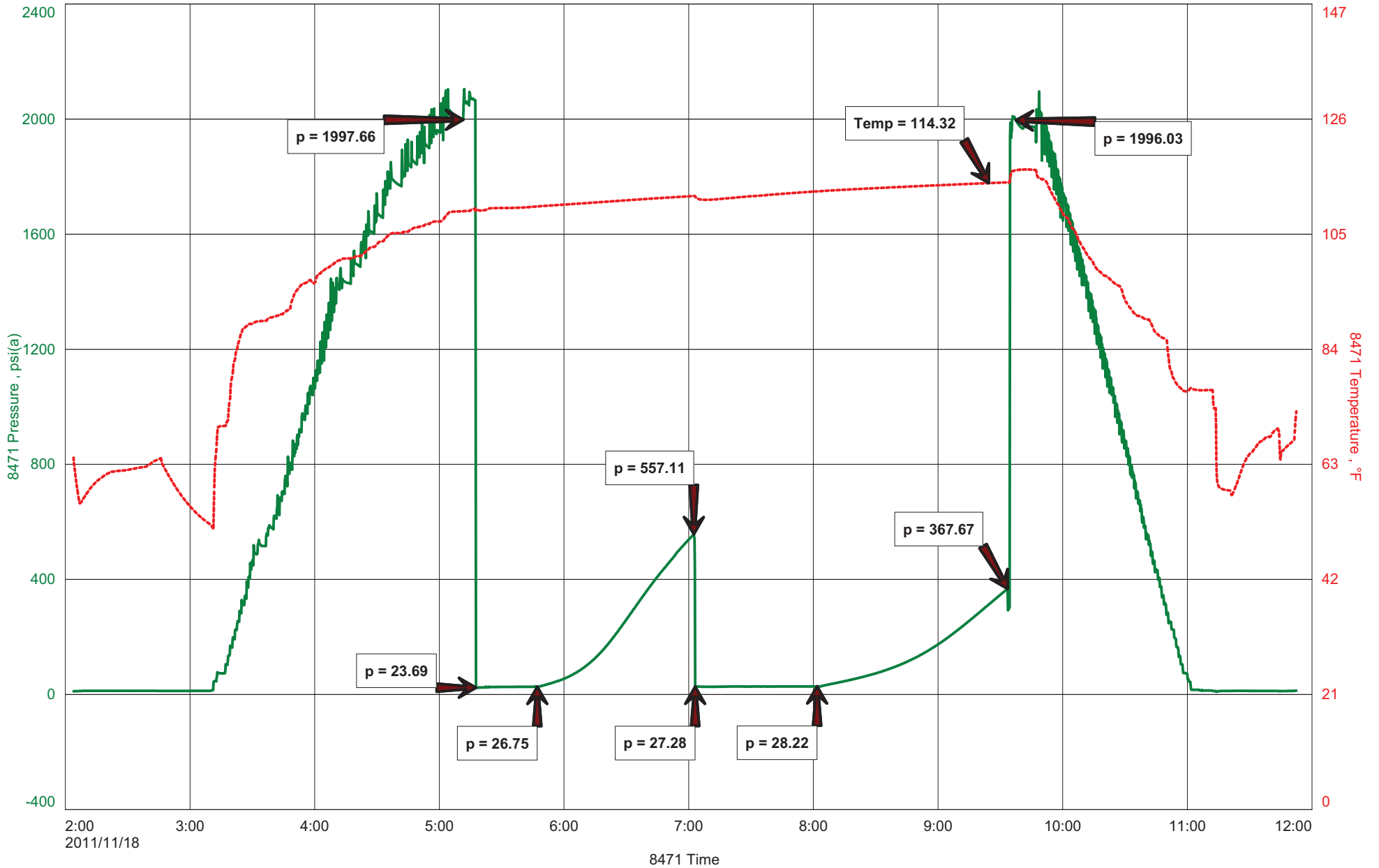
Start Test Time 02:04:00
Final Test Time 11:52:00

Test Recovery:

RECOVERED: 15' OCM 4% OIL, 96% MUD

TOOL SAMPLE: 5% OIL, 95% MUD

FRITZ UNIT #1-24





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: FRITZUNIT124DST1

TIME ON: 02:04
 TIME OFF: 11:52

Company MID-CONTINENT ENERGY OPERATING COMPANY Lease & Well No. FRITZ UNIT #1-24
 Contractor VAL RIG #7 Charge to MID-CONTINENT ENERGY OPERATING COMPANY
 Elevation 2,237 KB Formation MISSISSIPPI Effective Pay _____ Ft. Ticket No. _____
 Date 11.18.11 Sec. 24 Twp. _____ 17 S Range _____ 22 W County NESS State KANSAS
 Test Approved By AUSTIN GARNER Diamond Representative ROGER D. FRIEDLY

Formation Test No. 1 Interval Tested from 4,212 ft. to 4,254 ft. Total Depth 4,254 ft.
 Packer Depth 4,207 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4,212 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ 4,193 ft. Recorder Number _____ 8471 Cap. _____ 10,000 P.S.I.
 Bottom Recorder Depth (Outside) _____ 4,251 ft. Recorder Number _____ 3851 Cap. _____ 5,700 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 43 Drill Collar Length _____ 0 ft. I.D. _____ 2 1/4 in.
 Weight 9.1 Water Loss 7.8 cc. Weight Pipe Length _____ 0 ft. I.D. _____ 2 7/8 in.
 Chlorides _____ 7,000 P.P.M. Drill Pipe Length _____ 4,179 ft. I.D. _____ 3 1/2 in.
 Jars: Make STERLING Serial Number #4 Test Tool Length _____ 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length _____ 42 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: WEAK 1/4" BLOW INCREASING TO 1" (NOBB)
 2nd Open: WEAK SURFACE BLOW THRU-OUT (NOBB)

Recovered 15 ft. of OCM 4% OIL, 96% MUD
 Recovered 15 ft. of TOTAL FLUID
 Recovered _____ ft. of _____
 Recovered _____ ft. of _____

Recovered _____ ft. of _____	Price Job
Recovered _____ ft. of _____	Other Charges
Remarks: _____	Insurance
TOOL SAMPLE: <u>5% OIL, 95% MUD</u>	Total

Time Set Packer(s) 5:22 A.M. A.M. P.M. Time Started Off Bottom 9:37 A.M. A.M. P.M. Maximum Temperature 114
 Initial Hydrostatic Pressure..... (A) _____ 1,998 P.S.I.
 Initial Flow Period..... Minutes 30 (B) _____ 24 P.S.I. to (C) _____ 27 P.S.I.
 Initial Closed In Period..... Minutes 75 (D) _____ 557 P.S.I.
 Final Flow Period..... Minutes 60 (E) _____ 27 P.S.I. to (F) _____ 28 P.S.I.
 Final Closed In Period..... Minutes 90 (G) _____ 368 P.S.I.
 Final Hydrostatic Pressure..... (H) _____ 1,996 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.

DIAMOND TESTING

General Information Report

General Information

Company Name MID-CONTINENT ENERGY OPERATING COMPANY
Contact RUICHARD SAENZ
Well Name FRITZ UNIT #1-24
Unique Well ID DST #2 MISSISSIPPE 4,211' - 4,268'
Surface Location SEC 24-17S-22W NESS COUNTY, KS
Field WILDCAT
Well Type Vertical
Test Type CONVENTIONAL DRILL-STEM TEST
Formation DST #2 MISSISSIPPI 4,211' - 4,268'
Well Fluid Type 01 Oil

Representative ROGER D. FRIEDLY
Well Operator MID-CONTINENT ENERGY OPERATING COMPANY
Report Date 2011/11/19
Prepared By ROGER D. FRIEDLY
Qualified By AUSTIN GARNER

Start Test Date 2011/11/18
Final Test Date 2011/11/19

Start Test Time 21:30:00
Final Test Time 07:30:00

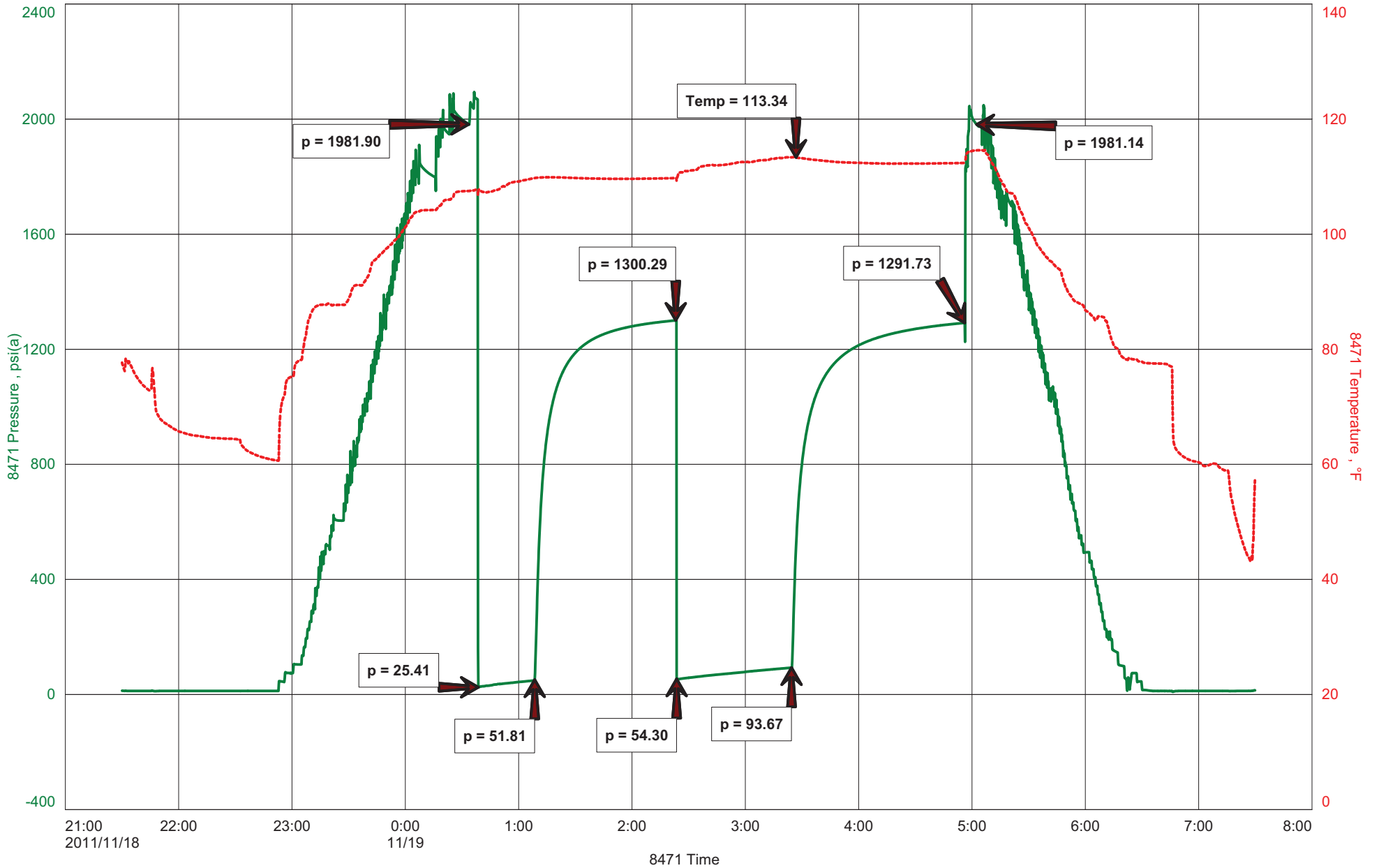
Test Recovery:

RECOVERED: 1' CLEAN OIL 36.4 GRAVITY @ 60 deg.
91' SLTOCM 2% OIL, 98% MUD
62' OCWM 2% OIL, 23% WTR, 74% MUD
154' TOTAL FLUID

TOOL SAMPLE: 8% OIL, 24% WTR, 68% MUD

CHLORIDES: 8,500 Ppm
PH: 8.0
RW: .64 @ 58 deg.

FRITZ UNIT #1-24





DIAMOND TESTING
 P.O. Box 157
HOISINGTON, KANSAS 67544
 (800) 542-7313
DRILL-STEM TEST TICKET
 FILE: FRITZUNIT124DST2

TIME ON: 21:30 (11.18)
 TIME OFF: 07:30(11.19)

Company MID-CONTINENT ENERGY OPERATING COMPANY Lease & Well No. FRITZ UNIT #1-24
 Contractor VAL RIG #7 Charge to MID-CONTINENT ENERGY OPERATING COMPANY
 Elevation 2,237 KB Formation MISSISSIPPI Effective Pay _____ Ft. Ticket No. _____
 Date 11.19.11 Sec. 24 Twp. _____ 17 S Range _____ 22 W County NESS State KANSAS
 Test Approved By AUSTIN GARNER Diamond Representative ROGER D. FRIEDLY

Formation Test No. 2 Interval Tested from 4,211 ft. to 4,268 ft. Total Depth 4,268 ft.
 Packer Depth 4,206 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.
 Packer Depth 4,211 ft. Size 6 3/4 in. Packer depth _____ ft. Size 6 3/4 in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) _____ 4,192 ft. Recorder Number 8471 Cap. 10,000 P.S.I.
 Bottom Recorder Depth (Outside) _____ 4,265 ft. Recorder Number 3851 Cap. 5,700 P.S.I.
 Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ P.S.I.

Mud Type CHEMICAL Viscosity 52 Drill Collar Length 0 ft. I.D. 2 1/4 in.
 Weight 9.2 Water Loss 7.2 cc. Weight Pipe Length 0 ft. I.D. 2 7/8 in.
 Chlorides 6,399 P.P.M. Drill Pipe Length 4,178 ft. I.D. 3 1/2 in.
 Jars: Make STERLING Serial Number #4 Test Tool Length 33 ft. Tool Size 3 1/2-IF in.
 Did Well Flow? NO Reversed Out NO Anchor Length 57 ft. Size 4 1/2-FH in.
 Main Hole Size 7 7/8 Tool Joint Size 4 1/2 XH in. 31' DP IN ANCHOR Surface Choke Size 1 in. Bottom Choke Size 5/8 in.

Blow: 1st Open: WEAK 1/2" BLOW INCREASING TO 5 3/4" (NOBB)
 2nd Open: WEAK 1/4" BLOW INCREASING TO 7" (NOBB)

Recovered <u>1</u> ft. of <u>CLEAN OIL 36.4 GRAVITY @ 60 deg</u>	
Recovered <u>91</u> ft. of <u>SLTOCM 2% OIL, 98% MUD</u>	
Recovered <u>62</u> ft. of <u>OCWM 2% OIL, 24% WTR, 74% MUD</u>	
Recovered <u>154</u> ft. of <u>TOTAL FLUID</u>	<u>CHLORIDES 8,500 Ppm</u>
Recovered _____ ft. of _____	<u>PH 8.0</u>
Recovered _____ ft. of _____	<u>RW: .64 @ 58 deg</u>
Remarks: _____	<u>Insurance</u>
<u>TOOL SAMPLE: 8% OIL, 24% WTR, 68% MUD</u>	<u>Total</u>

Time Set Packer(s) 12:39 A.M. A.M. P.M. Time Started Off Bottom 4:54 A.M. A.M. P.M. Maximum Temperature 113
 Initial Hydrostatic Pressure..... (A) 1,981 P.S.I.
 Initial Flow Period..... Minutes 30 (B) 25 P.S.I. to (C) 52 P.S.I.
 Initial Closed In Period..... Minutes 75 (D) 1,300 P.S.I.
 Final Flow Period..... Minutes 60 (E) 54 P.S.I. to (F) 94 P.S.I.
 Final Closed In Period..... Minutes 90 (G) 1,292 P.S.I.
 Final Hydrostatic Pressure..... (H) 1,981 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.



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

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

INVOICE

Invoice Number: 129436
Invoice Date: Nov 20, 2011
Page: 1

RECEIVED
DEC - 5 2011

Bill To:
Mid-Con Energy Operating Inc.
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	Fritz Unit 1-24	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Nov 20, 2011	12/20/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
100.00	MAT	Pozmix	8.50	850.00
9.00	MAT	Gel	21.29	191.61
62.00	MAT	FloSeal	2.70	167.40
262.00	SER	Handling	2.25	589.50
19.00	SER	Mileage	28.82	547.58
1.00	SER	Rotary Plug	1,250.00	1,250.00
38.00	SER	Heavy Vehicle Mileage	7.00	266.00
38.00	SER	Light Vehicle Mileage	4.00	152.00
1.00	EQUIP OPER	Bobby Roller		
1.00	OPER ASSIST	Dustin Chambers		
1.00	OPER ASSIST	Vince Pack		

12/14

CO.# AFE
LSE# 150038
1562-30
APPROVED
SCP ASP LOE

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

\$ 1773.03

ONLY IF PAID ON OR BEFORE
Dec 15, 2011

Subtotal	6,451.59
Sales Tax	406.45
Total Invoice Amount	6,858.04
Payment/Credit Applied	
TOTAL	6,858.04

1773.03
5085.01

ALLIED CEMENTING CO., LLC. 042299

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Great Bend, KS

DATE 11-20-11	SEC. 24	TWP. 17S	RANGE 22W	CALLED OUT	ON LOCATION	JOB START 6:30 am	JOB FINISH 7:30 pm
LEASE <i>Intermount</i>	WELL# 1-24	LOCATION <i>Batman 267 on RR rd</i>				COUNTY <i>McPherson</i>	STATE <i>KS</i>
OLD OR NEW (Circle one):			<i>3/4 west North water</i>				

CONTRACTOR *Val Energy #7*
 TYPE OF JOB *Rotary Plug*
 HOLE SIZE *7 7/8* T.D. *4400*
 CASING SIZE *FR 5.5* DEPTH *604*
 TUBING SIZE: DEPTH
 DRILL PIPE: *4 1/2* DEPTH *1530*
 TOOL DEPTH
 PRES. MAX: MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. *all*
 PERFS:
 DISPLACEMENT *Fresh water / mud*

OWNER *Mid-Continent Energy*

CEMENT
 AMOUNT ORDERED *250 on 60/40 490 gel*
1/4" F10 seal

EQUIPMENT
 PUMP TRUCK CEMENTER *Bob G.*
 # *366* HELPER *Quinn E.*
 BULK TRUCK
 # *344-170* DRIVER *Vince P.*
 BULK TRUCK
 # DRIVER

COMMON	<i>150</i>	@	<i>16.25</i>	<i>2,437.50</i>
POZMIX	<i>100</i>	@	<i>8.50</i>	<i>850.00</i>
GEL	<i>9</i>	@	<i>21.25</i>	<i>191.25</i>
CHLORIDE		@		
ASC		@		
	<i>62 lb. 5 F10 seal</i>	@	<i>2.70</i>	<i>167.40</i>
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>262</i>	@	<i>2.25</i>	<i>589.50</i>
MILEAGE	<i>262 x 19 x 11</i>			<i>547.58</i>
TOTAL				<i>4,783.33</i>

REMARKS:
1st plug at 1530' mix 5000
2nd plug at 770' mix 4050
3rd plug at 630' mix 5000
4th plug at 300' mix 4050
5th plug at 60' mix 4050
RH mix 3000
MH mix 2000

CHARGE TO: *Mid-Continent Energy*
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB	<i>1530</i>			
PUMP TRUCK CHARGE				<i>1250.00</i>
EXTRA FOOTAGE		@		
MILEAGE <i>HUM</i>	<i>38</i>	@	<i>7.00</i>	<i>266.00</i>
MANIFOLD		@		
<i>LUM</i>	<i>38</i>	@	<i>4.00</i>	<i>152.00</i>
TOTAL				<i>1668.00</i>

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.

SALES TAX (if Any)
 TOTAL CHARGES *6,451.33*
 DISCOUNT *70% 20%* *1,773.03* IF PAID IN 30 DAYS
 TOTAL *4,678.30*

PRINTED NAME *Larry Montes*
 SIGNATURE *Larry Montes*



RECEIVED
NOV 21 2011

INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (817) 546-7282
Fax: (817) 246-3361

Invoice Number: 129266
Invoice Date: Nov 11, 2011
Page: 1

Bill To:
Mid-Con Energy Operating Inc. 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	Fritz Unit #1-24	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Nov 11, 2011	12/11/11

Quantity	Item	Description	Unit Price	Amount
350.00	MAT	Class A Common	16.25	5,687.50
6.00	MAT	Gel	21.25	127.50
12.00	MAT	Chloride	58.20	698.40
368.00	SER	Handling	2.25	828.00
19.00	SER	Mileage	40.48	769.12
1.00	SER	Surface	1,125.00	1,125.00
38.00	SER	Heavy Vehicle Mileage	7.00	266.00
38.00	SER	Light Vehicle Mileage	4.00	152.00
1.00	CEMENTER	Wayne Davis		
1.00	EQUIP OPER	Greg Redetzke		
1.00	OPER ASSIST	Shane Konzem		
1.00	OPER ASSIST	Kevin Weighous		

CO. #	
LSE #	
ACCT #	
APPROVED	
BCP	ACP
	LOE

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

\$ 2524.26

ONLY IF PAID ON OR BEFORE
Dec 6, 2011

Subtotal	9,653.52
Sales Tax	410.34
Total Invoice Amount	10,063.86
Payment/Credit Applied	
TOTAL	10,063.86

ALLIED CEMENTING CO., LLC. 037415

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend, KS

DATE 11-11-11	SEC 24	TWP 17	RANGE 22	CALLED OUT	ON LOCATION	JOB START 11:15 AM	JOB FINISH 11:45 AM
LEASE Fritz Unit	WELL# 1-24	LOCATION Daring, KS. 7 North on "D"		COUNTY Ness	STATE KS		
OLD OR (NEW) (Circle one)		to Rd 200 1/2 west North into					

CONTRACTOR Vgl Rig # 7	OWNER Mid-Continent Energy
TYPE OF JOB Surface	
HOLE SIZE 12 1/4 T.D. 605	CEMENT
CASING SIZE 8 1/8 23" DEPTH 604.83	AMOUNT ORDERED 350 sks Class A
TUBING SIZE	30% cc 20% gel
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	
MEAS. LINE SHOE JOINT	
CEMENT LEFT IN CSG. 42.16	
PERFS.	
DISPLACEMENT	

COMMON	350	@ 16.25	5687.50
POZMIX		@	
GEL	6	@ 21.25	127.50
CHLORIDE	12	@ 58.20	698.40
ASC		@	
		@	
		@	
		@	
		@	
		@	
HANDLING	368	@ 2.25	828.00
MILEAGE	368 x 19 x .11		769.12
TOTAL			8110.52

EQUIPMENT

PUMP TRUCK # 398	CEMENTER	Greg R. Wayne
	HELPER	Shane K.
BULK TRUCK # 244/170	DRIVER	Kevin W.
BULK TRUCK #	DRIVER	

REMARKS:
Pipe on bottom - Break circulation with Rig mud. MIX 350 sks Class A 30% cc 20% gel - Shut down release plug Displace with 351.84 sks fresh water Shut in - Cement side Circ Plug down @ 11:45 AM

CHARGE TO: Mid-Continent Energy
STREET _____
CITY _____ STATE _____ ZIP _____

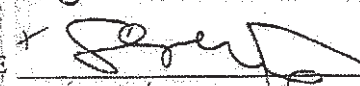
SERVICE

DEPTH OF JOB	605		
PUMP TRUCK CHARGE			1125.00
EXTRA FOOTAGE		@	
MILEAGE Hum	38	@ 2.25	266.00
MANIFOLD		@	
Hum	38	@ 4.00	152.00
		@	
TOTAL			1543.00

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 Shutt
SIGNATURE: 
Thank You!

SALES TAX (If Any) _____
TOTAL CHARGES 9653.52
70% 20% 2.524.26
DISCOUNT IF PAID IN 30 DAYS
7129.26

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 15-135-25326-00-00
Fritz Unit 1-24
SW/4 Sec.24-17S-22W
Ness 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