

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1087323

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 # | API No. 15 |
|---|---|
| Name: | Spot Description: |
| Address 1: | |
| Address 2: | Feet from North / South Line of Section |
| City: State: Zip:+ | Feet from Cast / West Line of Section |
| Contact Person: | Footages Calculated from Nearest Outside Section Corner: |
| Phone: () | |
| CONTRACTOR: License # | County: |
| Name: | Lease Name: Well #: |
| Wellsite Geologist: | Field Name: |
| | |
| Purchaser: | Producing Formation: |
| Designate Type of Completion: | Elevation: Ground: Kelly Bushing: |
| New Well Re-Entry Workover | Total Depth: Plug Back Total Depth: |
| Oil WSW SWD SIOW | Amount of Surface Pipe Set and Cemented at: Feel |
| Gas D&A ENHR SIGW | Multiple Stage Cementing Collar Used? Yes No |
| OG GSW Temp. Abd. | If yes, show depth set: Feet |
| CM (Coal Bed Methane) | If Alternate II completion, cement circulated from: |
| Cathodic Other (Core, Expl., etc.): | feet depth to: w/ sx cmt |
| If Workover/Re-entry: Old Well Info as follows: | |
| Operator: | |
| Well Name: | Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) |
| Original Comp. Date: Original Total Depth: | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Chloride content: ppm Fluid volume: bbls |
| | Dewatering method used: |
| Plug Back: Plug Back Total Depth | Location of fluid disposal if hauled offsite: |
| Commingled Permit #: | Operator Name: |
| Dual Completion Permit #: | Operator Name: |
| SWD Permit #: | Lease Name: License #: |
| ENHR Permit #: | Quarter Sec TwpS. R East West |
| GSW Permit #: | County: Permit #: |
| | |
| Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date | |

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: |

| | Side Two | |
|-------------------------|-------------|---------|
| Operator Name: | Lease Name: | Well #: |
| Sec TwpS. 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 (Attach Additional She | eets) | Yes No | | .og Formatio | n (Top), Depth an | d Datum | Sample |
|--|----------------------|--|----------------------------|--------------------|-------------------|-----------------|-------------------------------|
| Samples Sent to Geolog | | Yes No | Nam | ne | | Тор | Datum |
| Cores Taken Electric Log Run Electric Log Submitted E <i>(If no, Submit Copy)</i> | Electronically | Yes No Yes No Yes No | | | | | |
| List All E. Logs Run: | | | | | | | |
| | | CASIN | G RECORD | ew Used | | | |
| | | Report all strings se | et-conductor, surface, int | ermediate, product | ion, 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: Perforate | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
|-----------------------------|---------------------|----------------|--------------|----------------------------|
| Protect Casing Plug Back TD | | | | |
| Plug Off Zone | | | | |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated | | | | | ement Squeeze Record I of Material Used) | Depth | | | |
|--------------------------------------|---|----------------|------------|----------------|--------|---|----------|------------------------------|------------------|---------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TUBING RECORD: | Siz | ze: | Set At: | | Packer | At: | Liner R | un: | No | |
| Date of First, Resumed P | roduct | on, SWD or ENH | <i>₹</i> . | Producing N | | oing | Gas Lift | Other (Explain) | | |
| Estimated Production Per 24 Hours | | Oil Bb | ls. | Gas | Mcf | Wate | ər | Bbls. | Gas-Oil Ratio | Gravity |
| | | | | | | | | | 1 | |
| DISPOSITION | N OF C | BAS: | | | METHOD | OF COMPLE | TION: | | PRODUCTION INTER | RVAL: |
| Vented Sold | | Jsed on Lease | | Open Hole | Perf. | Uually (Submit) | | Commingled (Submit ACO-4) | | |
| (If vented, Subm | nit ACC | -18.) | | Other (Specify |) | | | | | |

Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720 Invoice #

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6/8/2012

46890

Cement Treatment Report

N & W Enterprise Inc. 1111 S. Margrave Fort Scott, KS 66701 (x) Landed Plug on Bottom at 700 PSI () Shut in Pressure (x)Good Cement Returns () Topped off well with ______ sacks (x) Set Float Shoe

TYPE OF TREATMENT: Production Casing HOLE SIZE: 6 1/4" TOTAL DEPTH: 430

| Well Name Terms | | Due Date | | |
|------------------------------------|-------------|--------------------|------------------|------------------|
| | Net 15 days | 6/8/2012 | | |
| Service or Product | | Qty Per Foot Price | ing/Unit Pricing | Amount |
| Run and cement 2 7/8" Sales Tax | | 428 | 3.00 7.30% | 1,284.00 0.00 |

6-6-12 Myer Injection #13 Crawford County Section: Township: Range:

| | Total | \$1,284.00 |
|--|------------------|------------|
| Hooked onto 2 7/8" casing. Established circulation with 5 barrels of water, GEL, METSO, COTTONSEED ahead, blended 68 sacks of 2% cement, dropped rubber plug, and pumped | Payments/Credits | \$0.00 |
| 2 barrels of water | Balance Due | \$1,284.00 |