

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

COPY

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 33864
 Name: Habit Petroleum, LLC
 Address: 839 280th Ave
 City/State/Zip: Hays, KS 67601
 Purchaser: Coffeyville Resources
 Operator Contact Person: Irvin E Haselhorst
 Phone: (785) 623-1154
 Contractor: Name: T.R. Services & Rentals
 License: 33346
 Wellsite Geologist: _____
 Designate Type of Completion:
 _____ New Well Re-Entry _____ Workover
 Oil _____ SWD _____ SLOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: Skelly Oil Co.
 Well Name: James Bartos #2
 Original Comp. Date: 4-13-51 Original Total Depth: 3868
 Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
 _____ Plug Back _____ Plug Back Total Depth _____
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____

7-1-07	10-31-07	11-18-07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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API No. 15 - 065-01719-00-0001
 County: Graham
 NE NE NW 4 Sec. 10 Twp. 10 S. R. 21 East West
330 feet from S (N) (circle one) Line of Section
2940 2970 feet from E (N) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Bartos Well #: 2
 Well Name: Cooper
 Producing Formation: Arbuckle
 Elevation: Ground: 2286 Kelly Bushing: 2290
 Total Depth: 3869 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 275 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set N/A Feet
 If Alternate II completion, cement circulated from 2200
 feet depth to 1,010 w/ 500 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content 1,600 ppm Fluid volume 80 bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Irvin E. Haselhorst
 Title: President Date: 2-13-08
 Subscribed and sworn to before me this 13 day of Feb,
 2008
 Notary Public: Connie B. Haselhorst
 Date Commission Expires: 5/15/2010

**CONNIE B. HASELHORST
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 5/15/2010**

KCC Office Use ONLY

N Letter of Confidentiality Received
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

COPY

Operator Name: Habit Petroleum, LLC Lease Name: Bartos Well #: 2
 Sec. 10 Twp. 10 S. R. 21 East West County: Graham

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Std Cased hole	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Arbuckle</td> <td>3866</td> <td>1576</td> </tr> </table>	Name	Top	Datum	Arbuckle	3866	1576
Name	Top	Datum					
Arbuckle	3866	1576					

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
Surface	12 1/4	10 3/4	32lbs	275	N/A	220	N/A
Production	9 1/4	7	24lbs	3866	N/A	500	N/A38
Production	7	5 1/2	141 lbs	3866	SMD	200	SMD

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1,010	N/A	500	N/A

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
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TUBING RECORD		Size	Set At	Packer At	Liner Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		2 1/2	3852		5 1/2	
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
11-18-07			<input type="checkbox"/> Flowing <input checked="" 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	
	5		135	4 %	26	

Disposition of Gas **METHOD OF COMPLETION** Production Interval 3866 to 3869

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____