

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

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

Operator: License # 33186

Name: LB Exploration, Inc.

Address: 2135 2nd Road

City/State/Zip: Holyrood KS 67450

Purchaser: NA

Operator Contact Person: Michael Petermann

Phone: (785) 252-8034

Contractor: Name: D S & W Well Servicing, Inc.

License: 6901

Wellsite Geologist: NA

Designate Type of Completion:

New Well  Re-Entry  Workover  
 Oil  SWD  SIW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Petroleum, Inc.

Well Name: Stoltenberg #1

Original Comp. Date: 10/01/1968 Original Total Depth: 3315

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.

<u>4/11/2006</u>	<u>4/18/2006</u>	<u>9/26/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 053-20064-00-02

County: Ellsworth

SW NW SE Sec. 22 Twp. 16 S. R. 10  East  West  
1650 feet from S / N (circle one) Line of Section  
2310 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Braejka Well #: 1

Field Name: Stoltenberg

Producing Formation: NA

Elevation: 1831 Ground: Kelly Bushing

Total Depth: 3516' Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at 315' Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set 1342' 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 evaporate

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: M. H. Pauley

Title: Notary Public Date: 9/30/06

Subscribed and sworn to before me this 2nd day of September,

2006.

Notary Public: Clara Nadine Pauley

Date Commission Expires: 09-18-09

**KCC Office Use ONLY**

N Letter of Confidentiality Received

If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

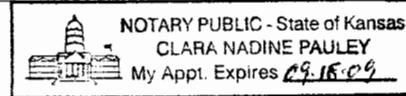
Geologist Report Received

UIC Distribution

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**OCT - 2 2006**

**KCC WICHITA**



Operator Name: LB Exploration, Inc. Lease Name: Braejka Well #: 1  
 Sec. 22 Twp. 16 S. R. 10  East  West County: Ellsworth

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	617	1831 GL
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Lime	-1127	1831 GL
List All E. Logs Run:		Lansing	-1130	1831 GL
BHCS Sonic w/ Gamma Ray		Base Kansas City	-1420	1831 GL
		Arbuckle	-1477	1831 GL

<b>CASING RECORD</b> <input checked="" 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
long string	7-7/8"	5-1/2"	15.5	3383'	50/50 poz	100	10% salt, 5# gilsonite, 3/10% CFR

<b>ADDITIONAL CEMENTING / SQUEEZE RECORD</b>				
Purpose:  <input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
				surface - 1342' A-CON 360 3% C/C, 1/4# Cellflake

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 checked="" type="checkbox"/> No
	3-1/2"	3504.45'	3363.45'			

Date of First, Resumed Production, SWD or Enhr. SWD	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

Disposition of Gas	METHOD OF COMPLETION			Production Interval					
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input checked="" type="checkbox"/> Open Hole	<input type="checkbox"/> Perf.	<input type="checkbox"/> Dually Comp.	<input type="checkbox"/> Commingled					
	<input type="checkbox"/> Other (Specify)								

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OCT - 2 2008

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