

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/2/10

File
MCM
6/3/08

20599-0000

Operator: License # 31938
 Name: Indian Oil Co., Inc.
 Address: PO Box 209
 City/State/Zip: Medicine Lodge, KS 67104
 Purchaser: Oneok
 Operator Contact Person: Anthony Farrar
 Phone: (620) 886-3763
 Contractor: Name: Warren Drilling
 License: 33724
 Wellsite Geologist: Steven Murphy
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

3/6/08	3/15/08	4/22/08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

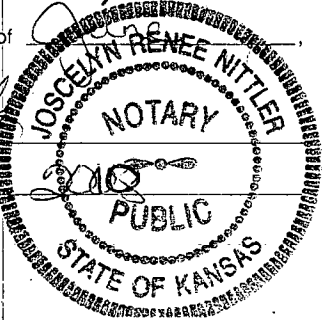
API No. 15 - 057-2059-00-00
 County: Ford
 C SE SE NE Sec. 26 Twp. 28 S. R. 21 East West
 2310 feet from S (N) (circle one) Line of Section
 330 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: Smith Well #: 3-26
 Field Name: Konda Southeast
 Producing Formation: Mississippian
 Elevation: Ground: 2382 Kelly Bushing: 2390
 Total Depth: 5153 Plug Back Total Depth: 5137
 Amount of Surface Pipe Set and Cemented at 530 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 cm.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used Allow to evaporate, no free water to haul.
 Location of fluid disposal if hauled offsite:
 Operator Name: None
 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: _____
 Title: V.P., Operations Date: 6/2/08
 Subscribed and sworn to before me this 2 day of _____
 20 08
 Notary Public: _____
 Date Commission Expires: July 10, 2010



KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received RECEIVED
 UIC Distribution KANSAS CORPORATION COMMISSION
 JUN 03 2008

CONSERVATION DIVISION
 WICHITA, KS