

Nothing to input. All info on here indicates what was input from PC01 rec'd 6/27/08 [initials]

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

all new 7/24/08

AMENDED

Operator: License # 33740
 Name: Hemi Energy Group, Inc.
 Address: 131 East Exchange Avenue, Suite 223
 City/State/Zip: Ft. Worth, TX 74106
 Purchaser: NA
 Operator Contact Person: Craig Treiber
 Phone: (918) 607-8505
 Contractor: Name: McPherson Drilling, LLC
 License: 5675
 Wellsite Geologist: C. Treiber for Hemi Energy Group, Inc.
 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: NA
 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. _____
 9/4/07 9/5/07
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 207-27258-0000
 County: Woodson
 SE SE SE NW Sec. 18 Twp. 24 S. R. 17 East West
2805 feet from S / N (circle one) Line of Section
2805 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Weber Well #: Hemi 1
 Field Name: Neosho Falls - Leroy
 Producing Formation: NA
 Elevation: Ground: 1022 Kelly Bushing: _____
 Total Depth: 1315 Plug Back Total Depth: est 1100, shale fall in
 Amount of Surface Pipe Set and Cemented at 43' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set NA Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan DFA AIT I NOK
 (Data must be collected from the Reserve Pit) 10-2-08
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: NA
 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.

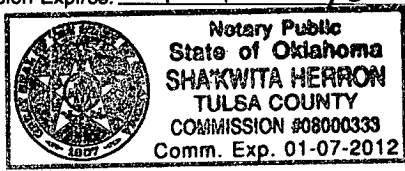
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Craig L. [Signature]
 Title: COO Date: 7/17/08
 Subscribed and sworn to before me this 17th day of July
08
 Notary Public: [Signature]
 Date Commission Expires: 1-7-2012

KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION



JUL 21 2008
 CONSERVATION DIVISION
 WICHITA, KS

Operator Name: Hemi Energy Group, Inc. Lease Name: Weber Well #: Hemi 1
 Sec. 18 Twp. 24 S. R. 17 East West County: Woodson

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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

CDL, TEMPERATURE

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Mississippi Limestone 1235' -213

Gas tests at 814, 1040, 1,240':

No gas or oil observed.

Well to be P & A by 9/4/08

DRILLERS LOG ATTACHED

CASING RECORD <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
Surface	11"	8 5/8"	20	43	Portland	8	---

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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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 KANSAS CORPORATION COMMISSION
 JUL 21 2008

TUBING RECORD			Size	Set At	Packer At	Liner Run	CONSERVATION DIVISION WICHITA, KS		
						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or Enhr.			Producing Method						
NA Dry Hole			<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

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