

Handwritten signature/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

Operator: License # 33190
Name: Noble Energy, Inc.
Address: 1625 Broadway, Suite 2200
City/State/Zip: Denver, CO 80202
Purchaser: _____
Operator Contact Person: Jennifer Barnett
Phone: (303) 228-4235
Contractor: Name: Excell Services Inc., Wray, CO
License: 8273
Wellsite Geologist: none

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: n/a

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. _____

<u>8/29/2008</u>	<u>9/4/2008</u>	<u>11/12/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-21072-00-00
County: Cheyenne
W2 SE SE SE Sec. 12 Twp. 2 S. R. 39 East West
330' feet from (S) N (circle one) Line of Section
400' feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Keller Farms Well #: 44-12
Field Name: Cherry Creek Niobrara Gas Area

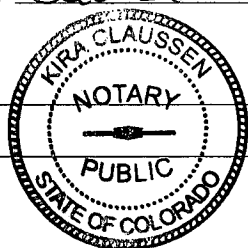
Producing Formation: Niobrara
Elevation: Ground: 3224' Kelly Bushing: 3233'
Total Depth: 1392' Plug Back Total Depth: 1337'
Amount of Surface Pipe Set and Cemented at 120' cmt w/ 40 sx Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from n/a
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Alt I nce 1-29-09
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
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: Jennifer Barnett
Title: Regulatory Analyst Date: 12/8/08
Subscribed and sworn to before me this 8th day of December,
2008.
Notary Public: Kira Clausen
Date Commission Expires: 9/20/09



KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 09 2008

Operator Name: Noble Energy, Inc. Lease Name: Keller Farms Well #: 44-12
 Sec. 12 Twp. 2 S. R. 39 East West County: Cheyenne

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 checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: Triple Combo (DEN/NEU/IND), CBL/CCL/GR	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Niobrara 1149'
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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	9 7/8"	7"	17 Lbs/Ft.	120'	50/50 POZ	40 sx	3% CaCl, .25% Flo-cele
Production	6-1/4"	4-1/2"	9.5 Lbs/Ft.	1370'	Lead Type III	25 sx	12% Gel, 2% CaCl, .25% Polyfak
					Tail Type III	56 sx	2% Gel, 1% CFL-80

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
2 SPF	Perf Niobrara interval from 1150'-1184'	Niobrara frac'd with 500 gals 7.5% HCL acid, 12,000 gals of	
	(34', 2spf, 68 holes) .42" EHD, 120 degree phase	25% CO2 foamed gel pad; 31,804 gals 25% CO2 foamed gel carrying 100,080 lbs 16/30 sand. ATP- 550 psi; ATR- 15.5 bpm.	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. Waiting on hookup			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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

BISON OIL WELL CEMENTING, INC.



1738 Wynkoop St., Ste. 102
 Denver, Colorado 80202
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil@qwest.net

INVOICE # 7914
 LOCATION CRW & CR 22
 FOREMAN P.T. TCHY 11/95

TREATMENT REPORT

DATE <u>8-29-08</u>	WELL NAME <u>KELLER FARMS 44-12</u>	SECTION <u>12</u>	TWP <u>25</u>	RGE <u>39</u>	COUNTY <u>Cherokee</u>	FORMATION
CHARGE TO <u>EXCEL SERVICES</u>			OWNER <u>NOEL</u>			
MAILING ADDRESS			OPERATOR			
CITY			CONTRACTOR <u>McPherson</u>			
STATE ZIP CODE			DISTANCE TO LOCATION <u>60 miles</u>			
TIME ARRIVED ON LOCATION <u>7:05</u>			TIME LEFT LOCATION <u>4:30</u>			

WELL DATA			PRESSURE LIMITATIONS			
HOLE SIZE <u>9 7/8</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED	
TOTAL DEPTH <u>115</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG			
	TUBING WEIGHT	OPEN HOLE	STRING			
CASING SIZE <u>7"</u>	TUBING CONDITION		TUBING			
CASING DEPTH <u>14</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE	
CASING WEIGHT <u>17</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM	
CASING CONDITION <u>GOOD</u>			<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM	
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT		FINAL BPM	
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN		MINIMUM BPM	
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION		MAXIMUM BPM	
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING		AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> OTHER		HYD HHP = RATE X PRESSURE X 40.8	
MINIMUM psi						

INSTRUCTIONS PRIOR TO JOB MIRA, SAFETY meeting, EST CIRC
MOP 40515 IS 12 DEGR 110 1.13YKLD 5 BBL'S mix water
DISPLACE 4 BBL'S 1100 SET IN WELL WASH UP TO PIT R'S DOWN

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS MIRA 3:45 SAFETY 3:50 CEM 3:52
11:15 3:57 SHAT IN WELL H:00 BBUST 3

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 DEC 09 2008
 CONSERVATION DIVISION
 WICHITA KS

[Signature] AUTHORIZATION TO PROCEED TITLE [Signature] DATE 8-29-08

Customers hereby acknowledges and specifically agrees to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity.

BISON OIL WELL CEMENTING, INC.



1738 Wynkoop St., Ste. 102
 Denver, Colorado 80202
 Phone: 303-298-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@gwest.net

INVOICE # 7920
 LOCATION CLW
 FOREMAN J.P.T. / JUSTIN / TOM W.

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
9-4-08	KELICA FARMS 41117	12	2-5	39 W	Osage	

CHARGE TO <u>EXCEL SERVICES</u>	OWNER <u>NOBLE</u>
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR <u>EXCEL-17</u>
STATE ZIP CODE	DISTANCE TO LOCATION <u>60 miles</u>
TIME ARRIVED ON LOCATION <u>9:45</u>	TIME LEFT LOCATION <u>10:15 AM</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>6 1/2</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>1352</u>	TUBING DEPTH	SHOTS/FT		SURFACE PIPE ANNULUS LONG	
	TUBING WEIGHT	OPEN HOLE		STRING	
CASING SIZE <u>4 1/2</u>	TUBING CONDITION			TUBING	
CASING DEPTH <u>1362</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>9.5 lb</u>	PACKER DEPTH		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>GOOD</u>			<input checked="" type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
			<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
			<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
			<input type="checkbox"/> MISC. PUMP		
			<input type="checkbox"/> OTHER	HYD. HNP = RATE X PRESSURE X 40.8	

PRESSURE SUMMARY		
BREAKDOWN or CIRCULATING psi	AVERAGE psi	
FINAL DISPLACEMENT psi	ISIP psi	
ANNULUS psi	5 MIN SIP psi	
MAXIMUM psi	15 MIN SIP psi	
MINIMUM psi		

INSTRUCTIONS PRIOR TO JOB M.I.R.U., SAFETY meeting C&F C.I.A.C. with 30 B.P.S. w/f
MLP 25555 Lead out 12:07 Dis 12:05 2.67 Yield 9.137 5m H2O
MLP 25655 Tail out 13:18 Dis 12:15 1.87 Yield 13.8 B.P.S. H2O
DROP Plug Displace 7.17 Dis 12:00 Bump Plug 12:00 to 1500 PSI
Release Pressure, walk up pit R's Down

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS MIR 11:45 SAFETY 11:30 MIF 11:35
CLW 11:49 D/P 12:00 DIS 12:05 10M w/f 12:10 PSI 700
JOA w/f 12:13 PSI 400 21.7 A w/f 12:15 PSI 1500
13135 MIF 5

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 KANSAS CORPORATION COMMISSION
 DEC 09 2008
 CONSERVATION DIVISION
 WICHITA, KS

[Signature]

AUTHORIZATION TO PROCEED _____ TITLE _____ DATE _____

Customers hereby acknowledge and specifically agree to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity.