

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

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 SIOW 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. _____

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

API No. 15 - 053-20064-00-02
County: Ellsworth
SW 1660 NW 1655 SE _____ Sec. 22 Twp. 16 S. R. 10 East West
2310 2426 feet from S / N (circle one) Line of Section
feet from E / W (circle one) Line of Section
Footages GPS-KCC-DG Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Braejka Well #: 1
Field Name: Stoltenberg
Producing Formation: NA
Elevation: Ground: 1831 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/ _____ ^{sq cmt.}
wo-Dg-11/26/08

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: [Signature]
Title: Pres. Date: 9/30/06

Subscribed and sworn to before me this 30th day of September,
2006.

Notary Public: Clara Nadine Pauley

Date Commission Expires: 09.18.09

NOTARY PUBLIC - State of Kansas
CLARA NADINE PAULEY
My Appt. Expires 09.18.09

KCC Office Use ONLY
 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 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:

BHCS Sonic w/ Gamma Ray

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Name	Top	Datum
Anhydrite	617	1831 GL
Brown Lime	-1127	1831 GL
Lansing	-1130	1831 GL
Base Kansas City	-1420	1831 GL
Arbuckle	-1477	1831 GL

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
long string	7-7/8"	5-1/2"	15.5	3383'	50/50 poz	100	10% satl, 5# gilsonite, 3/10% CFR

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	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
		3-1/2"	3504.45'	3363.45'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method			
SWD		<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) _____

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