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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

11/18/10

Operator: License # 33739
Name: SEK Energy, LLC.
Address: P.O. Box 55
City/State/Zip: Benedict, Kansas 66714
Purchaser: _____
Operator Contact Person: Kerry King
Phone: (620) 698-2150
Contractor: Name: MOKAT Drilling
License: 5831

API No. 15 - 099-24430-0000
County: Labette
SW NW SW Sec. 35 Twp. 31 S. R. 18 East West
1800 feet from S N (circle one) Line of Section
360 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Jones, Alan A. Well #: 1-35
Field Name: Cherokee Basin CBM

KCC
NOV 18 2008
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Wellsite Geologist: Julie Shaffer
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:

Producing Formation: Pennsylvanian Coals
Elevation: Ground: 950' Kelly Bushing: _____
Total Depth: 1036' Plug Back Total Depth: 1030'
Amount of Surface Pipe Set and Cemented at 22' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 22' 1030'
feet depth to 0 w/ 115 sx cmf.
A142-D6-12/29/08

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. _____
07/29/08 07/30/08 NA
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan
(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: Julie Shaffer
Title: GEOLOGIST Date: 11-18-08
Subscribed and sworn to before me this 18 day of November
20 08
Notary Public: Kerry King
Date Commission Expires: 8-11-12

KERRY KING
Notary Public - State of Kansas
My Appt. Expires 8-11-12

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
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CONSERVATION DIVISION
WICHITA, KS