

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 # 33486
 Name: Dark Horse Oil Company, LLC.
 Address: 34861 Forest Park Drive
 City/State/Zip: Elizabeth, CO 80107-7879
 Purchaser: Central Kansas Crude, LLC.
 Operator Contact Person: Douglas C. Frickey
 Phone: (303) 646-5156
 Contractor: Name: Jeff's Oilwell Supervision
 License: 32247
 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: Sidey VD Oil Company
 Well Name: Armdts #1
 Original Comp. Date: 7/23/1952 Original Total Depth: 3397
 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>9/19/2006</u>	<u>10/16/2006</u>	<u>11/22/2006</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

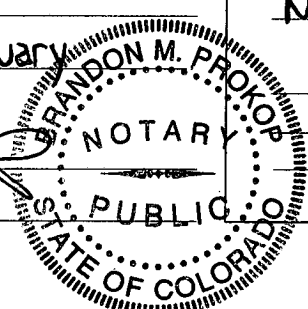
API No. 15 - 163-19112-00-01
 County: Rooks
 C NE NW NW Sec. 9 Twp. 8- S. R. 17- East West
330 feet from S (N) (circle one) Line of Section
990 feet from E (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: Armdts Well #: 1
 Field Name: Lone Star
 Producing Formation: Arbuckle
 Elevation: Ground: 1927 Kelly Bushing: _____
 Total Depth: 3408 ft. Plug Back Total Depth: NA
 Amount of Surface Pipe Set and Cemented at 106 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 3408 ft.
 feet depth to Surface w/ 85 sx cmt.

Drilling Fluid Management Plan AH II NTHG 18 08
 (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: _____
 Title: President Date: 1/18/2007
 Subscribed and sworn to before me this 18th day of January
 20 07
 Notary Public: B. M. Prokop
 Date Commission Expires: 1/23/2007



KCC Office Use ONLY

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

RECEIVED
 KANSAS CORPORATION COMMISSION
 JAN 22 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Dark Horse Oil Company, LLC. Lease Name: Armdts Well #: 1
 Sec. 9 Twp. 8- S. R. 17- East West County: Rooks

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:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

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
LINER	5-1/2"	4-1/2"	10.8#	3366 ft.	Common	85	4% gel, 2% cc, and 3/4 of 1% CD31 and 3/4 of 1% Defoamer

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
		3000 gallons of 15% HCL Acid	3408 ft.
		400 bbls. Water Block 247 Polymer Treatment	3408 ft.

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3373 ft.	NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method
November 22, 2006	<input type="checkbox"/> Flowing <input checked="" 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
	77		55		24.5 °

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 _____

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KANSAS CORPORATION COMMISSION
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WICHITA, KS

Allied Cementing Co., Inc
P.O. Box 31
Russell, KS 67665

* I N V O I C E *

Invoice Number: 104983
Invoice Date: 10/20/06

Sold Dark Horse Oil Company
To: 34861 Forest Park DR
Elizabeth, CO
80107

 **ENTERED**
10/30/06

Cust I.D.....: Dark
P.O. Number...: Arndts #1
P.O. Date.....: 10/20/06

Due Date.: 11/19/06
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	85.00	SKS	10.6500	905.25	T
Gel	3.00	SKS	16.6500	49.95	T
Chloride	3.00	SKS	46.6000	139.80	T
CD-31	140.00	PER	7.5000	1050.00	T
DeFoam	110.00	PER	7.2000	792.00	T
Handling	206.00	SKS	1.9000	391.40	T
Mileage	45.00	MILE	18.5400	834.30	T
206 sks @.09 per sk per mi					
Liner	1.00	JOB	955.0000	955.00	T
Mileage pmp trk	45.00	MILE	6.0000	270.00	T
Plug	1.00	EACH	55.0000	55.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of 544.27
ONLY if paid within 30 days from Invoice Date

Subtotal: 5442.70
Tax.....: 288.46
Payments: 0.00
Total....: 5731.16
- 544.27
\$ 5186.89

CEMENT 4-1/2" LINER

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 22 2007
CONSERVATION DIVISION
WICHITA, KS

