

Handwritten initials and date: KCB, 12/8/08

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>9/4/2008</u>	<u>9/6/2008</u>	<u>11/13/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-21123-00-00
County: Cheyenne
NW NE SE SW Sec. 12 Twp. 2 S. R. 39 East West
1,140' feet from (S) N (circle one) Line of Section
2,160' 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 #: 24-12
Field Name: Cherry Creek Niobrara Gas Area

Producing Formation: Niobrara
Elevation: Ground: 3323' Kelly Bushing: 3332'
Total Depth: 1486' Plug Back Total Depth: 1426'
Amount of Surface Pipe Set and Cemented at 190' cmt w/ 65 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 AH I NCR 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.: _____

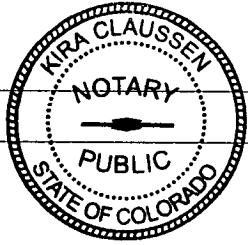
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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

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KANSAS CORPORATION COMMISSION
DEC 09 2008

Operator Name: Noble Energy, Inc. Lease Name: Keller Farms Well #: 24-12
 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 <u>Niobrara</u> Top <u>1251'</u> Datum _____
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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.	190'	50/50 POZ	65 sx	3% CaCl, .25% Flo-celc
Production	6-1/4"	4-1/2"	10.5 Lbs/Ft.	1462'	Lead Type III	29 sx	12% Gel, 2% CaCl, .25% Polyfakc
					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
3 SPF	Perf Niobrara interval from 1251'-1278'	Niobrara frac'd with 500 gals 7.5% HCL acid, 12,000 gals of	
	(27', 3 spf, 81 holes) .41" EHD, 120 degree phase	25% CO2 foamed gel pad; 31,881 gals 25% CO2 foamed	
		gel carrying 100,260 lbs 16/30 sand. ATP- 535 psi; ATR- 16.7 bpm.	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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: bisonoil1@qwest.net

INVOICE # 7919

LOCATION CRW

FOREMAN RAT
JUSTA
TOM

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
9-11-08	Keller Falls #24-D	12	2-5	39W	Cherokee	

CHARGE TO <u>EXCEL SERVICES</u>	OWNER <u>NOBLE</u>
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR <u>MCPHERSON</u>
STATE ZIP CODE	DISTANCE TO LOCATION <u>40 miles</u>
TIME ARRIVED ON LOCATION <u>3:00</u>	TIME LEFT LOCATION <u>4:25</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>9 7/8</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>196</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>181</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	
			<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 HHP = RATE X PRESSURE X 40.8	

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

INSTRUCTIONS PRIOR TO JOB MIRU safety meeting ESTC INC
MC 65515 cm 15.2 Density 1.137 GID 7 BBS with water
DISPLACE 6 BBS 1470 54214 well wash WPT 1
Rig Down.

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS MIRU 3:00 safety 3:20 CCWA 3:33
DIS 3:36 54214 well 3:39 BBS PPT 4

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CONSERVATION DIVISION
 WICHITA KS

[Signature] driller TITLE 9-4-08 DATE

AUTHORIZATION TO PROCEED

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: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwest.net

INVOICE # 7925
 LOCATION CRW
 FOREMAN PCT
JUSTIN
TOH

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
9-7-08	HELIASAKUS 24-17	12	25	39W	Osage	

CHARGE TO <u>EXCEL SERVICES</u>	OWNER <u>NOBCE</u>
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR <u>EXCEL</u>
STATE ZIP CODE	DISTANCE TO LOCATION <u>10</u>
TIME ARRIVED ON LOCATION <u>1:45</u>	TIME LEFT LOCATION <u>3:45</u>

WELL DATA			PRESSURE LIMITATIONS	
HOLE SIZE <u>6 1/2</u>	TUBING SIZE	PERFORATIONS	THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>1486</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>1453</u>		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
CASING WEIGHT <u>10.5</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 HHP = RATE X PRESSURE X 40.8

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

INSTRUCTIONS PRIOR TO JOB MIRL SUFFICIENTLY EST. CRW WITH 30 BBS WITH
MFP 2950S (ADD. CEMENT 17.0 DENSITY 7.60X100) 11 BBS WITH WATER
MFP 5650S (ADD. CEMENT 17.8 DENSITY 1.83X100) 13 BBS WITH WATER DPF 110
DISPLACE 23,100 S.H.20 Bump Pressure 1200 to 1500 PSI Release Pressure
WAS 700 P.H. R.8 DOWN.

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS MIRL 2:00 SAT 2:15 M/F 2:20
CLM 2:34 DPF 2:45 DS 2:48
WALON 2:52 PSE 2:00 20ALON 2:55 PSE 4:00
23.1 ALON 3:00 1500

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 KANSAS CORPORATION COMMISSION
 DEC 09 2008
 CONSERVATION DIVISION
 WICHITA, KS

[Signature]
 AUTHORIZATION TO PROCEED

TITLE _____ DATE _____

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.