

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30531
Name: Bill And Julie Dible
Address: 2336 180th Rd
City/State/Zip: Neosho Falls Ks 66758
Purchaser: Crude Marketing
Operator Contact Person: Bill Dible
Phone: (620) 963-2782
Contractor: Name: Michael Drilling LLC
License: 33783
Wellsite Geologist: na

API No. 15 207-27326-0000
County: Woodson
NE SW NW NE Sec. 9 Twp. 24 S. R. 17 East West

750 feet from S (N) (circle one) Line of Section
2070 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Ed/Ken Fitzpatrick Well #: 2A

Field Name: Neosho Falls/LeRoy
Producing Formation: Mississippi

Elevation: 975 Kelly Bushing:
Total Depth: 1267 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at 30 Feet
Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 4267 6k
feet depth to surface w/ 247 1/2 ck x amt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used evaporation

Location of fluid disposal if hauled offsite:
Operator Name: _____

Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover ____ Temp. Abd.
 Oil ____ SWD ____ SIOW
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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If Workover/Re-entry: Old Well Info as follows:
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. _____

11/30/07 Spud Date or Recompletion Date
11/30/07 Date Reached TD
12/4/07 Completion Date or Recompletion Date

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: Bill Dible
Title: _____ Date: _____

Subscribed and sworn to before me this 27th day of February, 2009

Notary Public: Jill R. Rodgers

Date Commission Expires: 10/03/10

OFFICIAL SEAL
JILL R. RODGERS
MY COMMISSION EXPIRES
10-03-10

KCC Office Use ONLY
____ Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received

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CONSERVATION DIVISION
WICHITA, KS

Operator Name: Bill And Julie Dible Lease Name: Ed/Ken Fitzpatrick Well #: _____
 Sec. 9 Twp. 24 S. R. 17 East West County: Woodson

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: one

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

CASING RECORD <input type="checkbox"/> New <input checked="" 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
<u>oil?</u>	<u>6 1/2</u>	<u>2 7/8</u>		<u>1267</u>	<u>copies</u>	<u>enclosed</u>	

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)	
		Amount	Depth
<u>2</u>	<u>1225 to 1235</u>	<u>acid hydrochloric 15%</u>	

TUBING RECORD		Size	Set At	Packer At.	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method				
<u>3/5/08</u>	<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
	<u>16</u>	<u>None</u>	<u>16</u>	<u>5/50</u>	<u>25</u>

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 _____



CONSOLIDATED
OIL WELL
SERVICES, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE Invoice # 219080

Invoice Date: 12/14/2007 Terms: Page 1

DIBLE, BILL
2336 180TH RD
NEOSHO FALLS KS 66758
() -

ED & KEN FITZPATRICK #2-A
9-24-17
15841
12/04/07

Part Number	Description	Qty	Unit Price	Total
107A	PHENOSEAL (M) 40# BAG)	135.00	1.0500	141.75
110A	KOL SEAL (50# BAG)	1350.00	.3800	513.00
118B	PREMIUM GEL / BENTONITE	654.00	.1500	98.10
124	50/50 POZ CEMENT MIX	247.00	8.8500	2185.95
402	2 1/2" RUBBER PLUG	1.00	20.0000	20.00

Description	Hours	Unit Price	Total
22 TON MILEAGE DELIVERY	1.00	686.07	686.07
95 CEMENT PUMP	1.00	840.00	840.00
95 EQUIPMENT MILEAGE (ONE WAY)	55.00	3.30	181.50
95 CASING FOOTAGE	1277.00	.00	.00
-106 WATER TRANSPORT (CEMENT)	3.00	100.00	300.00

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CONSERVATION DIVISION
WICHITA, KS

arts: 2958.80 Freight: .00 Tax: 186.40 AR 5152.77
abor: .00 Misc: .00 Total: 5152.77
ubl: .00 Supplies: .00 Change: .00

Signed _____ Date _____