

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 33936
Name: Charles Griffin
Address: P.O. Box 670
City/State/Zip: Byers, CO 80103
Purchaser: _____
Operator Contact Person: Chuck Griffin
Phone: (720) 490-5648
Contractor: Name: ADT
License: 33532
Wellsite Geologist: _____

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: _____
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. _____

3-29-07 3-29-07 3-29-07
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 023-20804-0000
County: Cheyenne
SE SW SE Sec. 2 Twp. 2S S. R. 42 East West
360 feet from (S) N (circle one) Line of Section
1555 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Sarah Well #: 1
Field Name: Cherry Creek

Producing Formation: _____
Elevation: Ground: 3652 Kelly Bushing: 3664
Total Depth: 1911 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 297 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ ¹/₈ inch cmt.

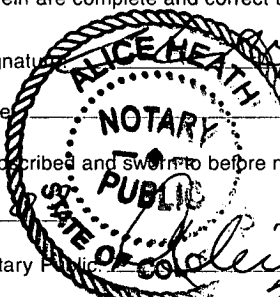
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

PA-Dg-2/16/09

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: _____ Date: 7/5/07
Subscribed and sworn to before me this 5th day of July
20 _____
Notary Public: Alice Heath
Date Commission Expires: 7/25/10



KCC Office Use ONLY

Letter of Confidentiality Received

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS
DEC 21 2007

RECEIVED
KANSAS CORPORATION COMMISSION
JUL 09 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Charles Griffin Lease Name: Sarah Well #: 1
 Sec. 2 Twp. 2S S. R. 42 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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: Density/Neuron & Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Niobrara</u> Top <u>1677'</u> Datum <u>+1947</u>
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WICHITA, KS

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 1/2"	7"	17#	297'	ASTM C 150	80	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

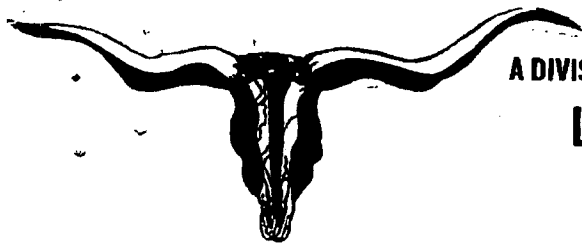
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr.	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	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	RECEIVED KANSAS CORPORATION COMMISSION JUL 09 2007 CONSERVATION DIVISION WICHITA, KS



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759
 Phone: 970-848-0799 Fax: 970-848-0798

FIELD SERVICE TICKET RECEIVED
 KANSAS BOARD OF PROFESSIONAL ENGINEERS AND SURVEYORS COMMISSION

DEC 21 2007

CONSERVATION DIVISION
 WICHITA, KS

DATE 3-29-07 TICKET NO. 0837

DATE OF JOB	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER <u>Griffin Management</u>	LEASE <u>SARAH 1</u>	WELL NO.						
ADDRESS	COUNTY	STATE						
CITY	STATE	SERVICE CREW <u>MIKE</u>						
AUTHORIZED BY	EQUIPMENT <u>UNIT #111</u>							
TYPE JOB: <u>Plug</u>	DEPTH FT.	CEMENT DATA: BULK <input type="checkbox"/>	SAND DATA: SACKS <input type="checkbox"/>		TRUCK CALLED	DATE	AM	TIME
SIZE HOLE: <u>6" 1/8</u>	DEPTH FT.	SACKS	BRAND	TYPE	% GEL	ADMIXES	ARRIVED AT JOB	
SIZE & WT. CASTING <small>NEW OR USED C</small>	DEPTH FT.	<u>85</u>	<u>A</u>	<u>1-1</u>			AM	
SIZE & WT. D PIPE OR TUBING	DEPTH FT.						PM	
TOP PLUGS	TYPE:	WEIGHT OF SLURRY: <u>148</u>	LBS. / GAL.	LBS. / GAL.	START OPERATION			
		VOLUME OF SLURRY: <u>1.32 cu ft + 1.5K</u>			AM			
		<u>25</u> SACKS CEMENT TREATED WITH <u>NA</u> OF <u>NA</u>			PM			
MAX DEPTH	FT.	MAX PRESSURE	P.S.I.		RELEASED			
					MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).
 The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: _____
 (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>001-2</u>	<u>Depluhorn - Cement - Mileage</u> <u>Per contract</u>				<u>4200</u>
	<u>Plug</u>				
<u>300-12</u>	<u>7" Centralizers</u>	<u>1</u>			<u>36</u>
					<u>4236</u>
	<u>0' - 40' 105 SKS 2.3 BBS</u>				
	<u>150' - 350' 405 SKS 4 BBS</u>				
	<u>1466' - 1678' 35 SKS 8.2 BBS</u>				

CID DATA:		
GALLONS	%	ADDITIVES

SERVICE & EQUIPMENT	% TAX ON \$
MATERIALS	% TAX ON \$
TOTAL	

SERVICE REPRESENTATIVE: [Signature] THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY _____