

CONFIDENTIAL

12/31/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32278
Name: Tengasco, Inc.
Address 1: PO Box 458
Address 2: _____
City: Hays State: KS Zip: 67601 + _____
Contact Person: Gary Wagner
Phone: (785) 625-6374
CONTRACTOR: License # 33493 **CONFIDENTIAL**
Name: American Eagle Rig #1 DEC 31 2008
Wellsite Geologist: Mike Bair
Purchaser: NCRA **KCC**
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SLOW _____
_____ Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 195-22583-00-00
Spot Description: _____
SE SW NE NE Sec. 22 Twp. 15 S. R. 25 East West
1,186 Feet from North / South Line of Section
968' Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: Albers "A" Well #: 1
Field Name: Good Science NE
Producing Formation: Mississippi
Elevation: Ground: 2429' Kelly Bushing: 2436'
Total Depth: 4589' Plug Back Total Depth: 4543'
Amount of Surface Pipe Set and Cemented at: 251' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1908' Feet
If Alternate II completion, cement circulated from: 1908'
feet depth to: surface w/ 285 sx cmt.

If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD _____
_____ Plug Back: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
10-20-08 10-27-08 11-14-08
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 18000 ppm Fluid volume: 180 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.: _____

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: Gary Wagner
Title: Production Manager Date: 12-31-08
Subscribed and sworn to before me this 31st day of Dec,
20 08.
Notary Public: Linda K Pfannenstiel
Date Commission Expires: 2/15/2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
RECEIVED
KANSAS CORPORATION COMMISSION
Distribution
JAN 02 2009

NOTARY PUBLIC
Linda K. Pfannenstiel
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 2/15/2012

CONSERVATION DIVISION
WICHITA, KS