

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30081

Name: ANSHUTZ OIL COMPANY

Address: P.O. Box 274

City/State/Zip: Ellsworth, KS 67439

Purchaser: _____

Operator Contact Person: E.O. Anshutz

Phone: (620) 982-4674

Contractor: Name: Discovery Drilling Co., Inc.

License: 31548

Wellsite Geologist: Brad Hutchinson

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

1/29/09 2/2/09 2/3/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 167-23,560-00-00

County: Russell

S/2 NW SW Sec. 30 Twp. 14 S. R. 12W East West

1650 feet from S N (circle one) Line of Section

660 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: A. HEARD Well #: 3

Field Name: Hall-Gurney

Producing Formation: None

Elevation: Ground: 1694 Kelly Bushing: 1702

Total Depth: 3375 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 655 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 3239

feet depth to Surface w/ 370 sx cmt.

(30sk In Rat hole) (15sk In Mouse Hole)

Drilling Fluid Management Plan API-101g - 2/16/09
(Data must be collected from the Reserve Pit)

Chloride content 16,000 ppm Fluid volume 240 bbls

Dewatering method used Hauled free fluids

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: E.O. Anshutz

Title: Operator Date: 2-18-09

Subscribed and sworn to before me this 18 day of February

2009

Notary Public: Mary L. Bender

Date Commission Expires: 3-1-2010

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

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 24 2009

NOTARY PUBLIC - State of Kansas
MARY L. BENDER
My Appt. Exp. 3-1-2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: ANSHUTZ OIL COMPANY Lease Name: A. HEARD Well #: 3
 Sec. 30 Twp. 14 S. R. 12W East West County: Russell

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:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top 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 Pipe	12 1/4	8 5/8	23	655	Common	300	2%Ge1&3%CC
Production St.	7 7/8	5 1/2	14	3375	Common	370	10%Salt&2%Ge1

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		
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)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

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 _____

ALLIED CEMENTING CO., LLC.

34886

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Russell

DATE <u>2-3-09</u>	SEC. <u>30</u>	TWP. <u>14</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30 AM</u>	JOB FINISH <u>12:30 PM</u>
LEASE <u>Heard</u>	WELL # <u>"A" 3</u>	LOCATION <u>Bunker Hill + Old 40 Hwy</u>			COUNTY <u>Russell</u>	STATE <u>Kansas</u>	
OLD OR <u>NEW</u> (Circle one)				<u>3 1/2 S</u>			

CONTRACTOR Discovery Rig #2

TYPE OF JOB Production String

HOLE SIZE 7 7/8 T.D. 3375'

CASING SIZE 5 1/2 New DEPTH 3239'

TUBING SIZE 1 1/4 DEPTH

DRILL PIPE DEPTH

TOOL LATCH Down Plug DEPTH 3218

PRES. MAX 1500psi MINIMUM

MEAS. LINE SHOE JOINT 21.10

CEMENT LEFT IN CSG. 21.10

PERFS.

DISPLACEMENT 78 1/2 BBL

OWNER _____

CEMENT

AMOUNT ORDERED 170 SK Com 10% SOLT
2% Gel
200 SK 9% Lite Weight

COMMON @ _____

POZMIX @ _____

GEL @ _____

CHLORIDE @ _____

ASC @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING @ _____

MILEAGE @ _____

EQUIPMENT

PUMP TRUCK CEMENTER Kevin

419 HELPER MATT

BULK TRUCK

378 DRIVER Rocky

BULK TRUCK

345 DRIVER Jack AB

REMARKS:

Land Latch Down Plug @ 1500' (held)

Rathole 30 SK

Mouse Hole 15 SK

THANK'S

CHARGE TO: ANSHUTZ Oil

STREET _____

CITY _____ STATE _____ ZIP _____

Cement DID CIRCULATE IR

TO SURFACE.

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Thomas ALM

SIGNATURE Thomas ALM

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

_____ @ _____

PLUG & FLOAT EQUIPMENT

Packer Shoe

6 Centralizers @ _____

1 Packer @ _____

1 LATCH Down Plug Ass @ _____

_____ @ _____

SALES TAX (If Any) _____

KANSAS CORPORATION COMMISSION

TOTAL CHARGES _____

DISCOUNT MAR 03 2009 IF PAID IN 30 DAYS

CONSERVATION DIV UIC SECTION