

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

Handwritten: 3/10/09

Operator: License # 32116
Name: R.T. Enterprises of Kansas, Inc.
Address: P.O. Box 339
City/State/Zip: Louisburg, KS. 66053
Purchaser: Pacer
Operator Contact Person: Lori Driskell
Phone: (913) 837-8400
Contractor: Name: Town Oilfield Service, Inc.
License: 33715

Wellsite Geologist: _____
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. _____

1/6/09	1/8/09	2/12/09
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-059-25414-00-00
County: Franklin
SW - NW - SE - NE Sec. 4 Twp. 16 S. R. 21 East West
3530 feet from S N (circle one) Line of Section
300 3690 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Lidikay Well #: 26
Field Name: Paola-Rantoul

Producing Formation: Squirrel
Elevation: Ground: 1008' Kelly Bushing: Not used
Total Depth: 758' Plug Back Total Depth: 7'
Amount of Surface Pipe Set and Cemented at _____ Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 21'
feet depth to surface w/ 4 ^{sq cmt.}

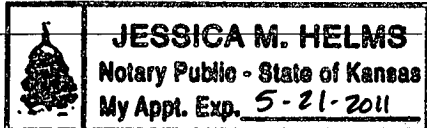
Handwritten: A141-Dig-3/6/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 1500-3000 ppm Fluid volume 80 bbls
Dewatering method used on lease
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: Lori Driskell
Title: Agent Date: 3/6/09
Subscribed and sworn to before me this 6 day of March
20 09
Notary Public: J. Helms
Date Commission Expires: 5-21-2011



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
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MAR 09 2009
CONSERVATION DIVISION
WICHITA KS

Operator Name: R.T. Enterprises of Kansas, Inc. Lease Name: Lidikay Well #: 26
 Sec. 4 Twp. 16 S. R. 21 East West County: Franklin

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:

Gamma Ray/ Neutron/CCL

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

SEE ATTD

Handwritten signature and date: K. [unclear] 2/10/09

CASING RECORD <input 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'	6 1/4"		21'	Portland	4	
Completion	5 5/8"	2 7/8"		751'	Portland	98	50/50 POZ

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
2	696.0-706.0 21 PERFS		

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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 **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, Submit ACO-18.) Other (Specify) _____

Franklin County, KS
 Well: Lidikay # 26
 Lease Owner: R.T.

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 1/6/09

WELL LOG

Thickness of Strata	Formation	Total Depth
4	Soil	4
26	Clay	30
18	Lime	48
6	Shale	54
14	Lime	68
3	Shale	71
18	Lime	89
46	Shale	135-Red Bed
18	Lime	153
75	Shale	229
21	Lime	249
27	Shale	276
9	Lime	285
54	Shale	339-Red Bed
29	Lime	368-Winterset
4	Shale	372
21	Lime	393-Bethany Falls
4	Shale	397
3	Lime	400-KC
6	Shale	406
5	Lime	411-Hertha
124	Shale	535
3	Sand	538- Little Show
3	Sandy Shale	541- No Oil
145	Shale	686
4	Sandy Shale	690
21	Sand	711- Good Oil, Solid
47	Shale	758- TD

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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 # 228347

Invoice Date: 01/14/2009 Terms: Page 1

R.T. ENTERPRISES
1207 N. FIRST ST.
LOUISBURG KS 66053
() -

LIDIKAY 26
4-16-21
19883
01/08/09

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	28.00	1.1500	32.20
1110A	KOL SEAL (50# BAG)	550.00	.4200	231.00
1111	GRANULATED SALT (50 #)	231.00	.3300	76.23
1118B	PREMIUM GEL / BENTONITE	285.00	.1700	48.45
1124	50/50 POZ CEMENT MIX	98.00	9.7500	955.50
4402	2 1/2" RUBBER PLUG	1.00	23.0000	23.00

Description	Hours	Unit Price	Total
CEMENT PUMP	1.00	925.00	925.00
EQUIPMENT MILEAGE (ONE WAY)	20.00	3.65	73.00
CASING FOOTAGE	751.00	.00	.00
TON MILEAGE DELIVERY	1.00	157.50	157.50

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Parts:	1366.38	Freight:	.00	Tax:	92.90	AR	2614.78
Labor:	.00	Misc:	.00	Total:	2614.78		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 19883
LOCATION Dotavug
FOREMAN Alan Mabe

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-8-09	7010	Ludikay #26	4	16	21	ER
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
R.T. Enterprises			516	Alan M		
MAILING ADDRESS			368	Bill		
1207 N lot			548	Brian		
CITY	STATE	ZIP CODE				
Louisburg	KS	66053				

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 758 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 751 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Checked casing depth. Mixed & pumped 100# gel to flush hole. Mixed & pumped 110 3x 50150 90% 5# Kol-seal, 5% salt, 2% gel 1/4# phenoseal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 500 PST. Set float. Closed valve.

Customer supplied water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	20	MILEAGE		73.00
5402	751'	casing footage		157.50
5407A	1/2 min	ten mileage		
1107A	28#	Phenoseal	32.20	346.76
1110A	550#	Koliseal	23.10	12705.00
1111	23#	salt		76.20
1118B	285#	gel		48.45
1124	98.9x	50150 p/z		955.50
4402	1	2 1/2 plug		23.00
228347				
			SALES TAX	92.90
			ESTIMATED TOTAL	2614.10

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Ray'n 3737

AUTHORIZATION Lance Town was there TITLE OWNER

DATE 8