

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 06926
Name: Advantage Resources, Inc.
Address 1: 1775 Sherman Street Suite 1700
Address 2: Denver, CO 80203
City: Denver State: CO Zip: 80203 +
Contact Person: Louis C. Bortz
Phone: (303) 831-1912
CONTRACTOR: License # 34127
Name: Tomcat Drilling
Wellsite Geologist: Scott Alberg
Purchaser: NA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>1/22/09</u>	<u>1/29/09</u>	<u>1/30/09</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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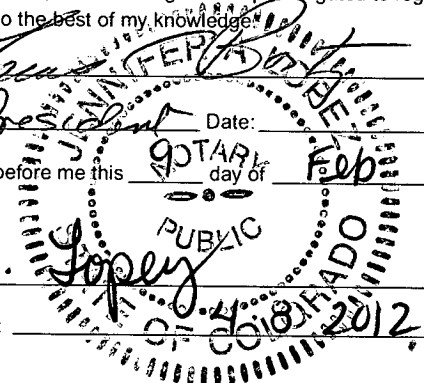
API No. 15 - 097-21651-0000
Spot Description: SW/4
C SW Sec. 16 Twp. 28 S. R. 17 East West
1320 Feet from North / South Line of Section
1305 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Milton Ross Trust Well #: 1
Field Name: Hardy
Producing Formation: NA
Elevation: Ground: 2197 Kelly Bushing: 2209
Total Depth: 4888 Plug Back Total Depth: --
Amount of Surface Pipe Set and Cemented at: 333 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/ _____ sx cmt.

Drilling Fluid Management Plan P+ A AH I nce
(Data must be collected from the Reserve Pit) 3-9-09
Chloride content: 38,000 ppm Fluid volume: 450 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: _____
Title: Vice President Date: _____
Subscribed and sworn to before me this 9 day of Feb
20 09
Notary Public: J. Gopey
Date Commission Expires: 2012



KCC Office Use ONLY

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

Operator Name: Advantage Resources, Inc. Lease Name: Milton Ross Trust Well #: 1
 Sec. 16 Twp. 28 S. R. 17 East West County: Kiowa

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: DIL 0' - 4888' Density Neutron 4000' - 4864'	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1112</td> <td>+1097</td> </tr> <tr> <td>Heebner</td> <td>4056</td> <td>-1847</td> </tr> <tr> <td>Brown Lime</td> <td>4216</td> <td>-2007</td> </tr> <tr> <td>Lansing</td> <td>4234</td> <td>-2025</td> </tr> <tr> <td>Pawnee</td> <td>4706</td> <td>-2497</td> </tr> <tr> <td>Osage</td> <td>4801</td> <td>-2592</td> </tr> <tr> <td>Kinderhook / TD</td> <td>4828/4888</td> <td>-2619/-2679</td> </tr> </table>	Name	Top	Datum	Anhydrite	1112	+1097	Heebner	4056	-1847	Brown Lime	4216	-2007	Lansing	4234	-2025	Pawnee	4706	-2497	Osage	4801	-2592	Kinderhook / TD	4828/4888	-2619/-2679
Name	Top	Datum																							
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LOG PARAMETERS ONLY

*WFR
2/2/09*

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	12 1/4"	8 5/8"	23#	333	60-40	225	2% Salt, 3% CC

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	Depth

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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: <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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Customer: ADVANTAGE RESOURCES Lease No. _____ Date: 1-30-09

Lease: Milton Ross Trust Well # 1

Field Order # 14354 Station PRH Casing D.P Depth _____ County LeW State KS

Type Job CPW P.T.A Formation _____ Legal Description 16-26-17

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <u>D.P</u>	Tubing Size	Shots/Ft		Acid <u>P.T.A.</u>		RATE	PRESS	ISIP
Depth <u>1150</u>	Depth	From	To	Pre Pad	Max			5 Min.
Volume	Volume	From	To	Pad	Min			10 Min.
Max Press	Max Press	From	To	Frac	Avg			15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth <u>1150</u>	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative _____ Station Manager DAVE SCOTT Treater Robert Johnson

Service Units	19867	19959	20970	19960	19918					
Driver Names	<u>Sullivan</u>	<u>McKee</u>		<u>Phy</u>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<u>12:30</u>	<u>AW</u>				<u>ON loc safety meeting</u>
					<u>P.T.A.</u>
<u>0325</u>			<u>10</u>	<u>4</u>	<u>1150' w/ 50 sk 60/40</u>
	<u>100</u>		<u>12</u>	<u>5</u>	<u>4th SPACER</u>
<u>0335</u>			<u>9</u>	<u>4</u>	<u>MIX 50 SK</u>
					<u>DISP & SHUT DOWN</u>
<u>0440</u>			<u>5</u>	<u>1</u>	<u>360' w/ 50 sk 60/40</u>
			<u>12</u>	<u>5</u>	<u>4th SPACER</u>
<u>0448</u>	<u>100</u>		<u>1/2</u>	<u>2</u>	<u>MIX CMT</u>
					<u>DISP & SHUT DOWN</u>
<u>0500</u>			<u>5</u>	<u>3</u>	<u>TOP 60' w/ 20 sk</u>
			<u>7</u>	<u>3</u>	<u>R.H w/ 30 sk</u>
<u>0525</u>			<u>5</u>	<u>3</u>	<u>M.H w/ 20 sk</u>
<u>0530</u>					<u>Job Complete</u>
					<u>Thank you</u>

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Customer ADVANTAGE RESOURCES INC.	Lease No.	Date 1-21-09
Lease MILTON ROSS TRUST	Well # 1	
Field Order # F1324	Station PRATT	Casing 5/8" Depth 500'
Type Job CNL - 8 5/8 S.P.	Formation	County KIOWA State KS
		Legal Description 16-25-17

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8"	Tubing Size 5 1/2"	Shots/Ft		Acid 20% HCl @ 1.25 cu/ft	RATE	PRESS	ISIP	
Depth 21	Depth 21	From	To 290'	Pre Pad	Max		5 Min.	
Volume 21	Volume	From	To 390'	Pad KALORIDE	Min		10 Min.	
Max Press 500	Max Press	From	To 250'	Frac KALORIDE	Avg		15 Min.	
Well Connection 1 1/2"	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 515	Packer Depth	From	To	Flush 20 BBL	Gas Volume		Total Load	

Customer Representative CAR	Station Manager DAVE SCOTT	Treater STEVE CRANDU / LESLEY
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Service Units 27283	1829	19842	19822	21010				
Driver Names CRANDU LESLEY RUSH								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:30 AM					ON LOCATION - SAFETY MEETING R.W. ESTS. 2 1/2 x 23 lb.
9:00 AM	350		5	5	H2O
10:11 AM	300		50	5	MIX 225SR (1/40) PZ @ 14.72" SHUT DOWN - RELEASE PLUG
10:26 AM	0			5	START DISPLACEMENT
10:28 AM	250		11	5	CEMENT TO SURFACE
10:30 AM	250		21	5	PLUG DOWN
					JOB COMPLETE.
					CIRCULATION THRU JOB
					THANKS,
					STEVE CRANDU & CREW

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