

Handwritten initials and date: 3/16/09

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 # 30407
Name: BLACK PETROLEUM COMPANY
Address 1: P.O. BOX 12922
Address 2: _____
City: WICHITA State: KS Zip: 67277 + 2922
Contact Person: THOMAS E. BLACK
Phone: (316) 722-7502
CONTRACTOR: License # 6039
Name: L. D. DRILLING, INC.
Wellsite Geologist: THOMAS BLACK
Purchaser: _____

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.)

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.: _____
01/06/09 01/11/09 P+A 1/12/09
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 065-23451-0000
Spot Description: _____
S/2 NW SE/4 Sec. 20 Twp. 9 S. R. 24 East West
1650 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: GRAHAM
Lease Name: NICKLELSON NICKELSON Well #: 1
Field Name: WILDCAT
Producing Formation: _____
Elevation: Ground: 2538' Kelly Bushing: 2543'
Total Depth: 4125' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 208 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 crnt.

Drilling Fluid Management Plan P+A AH II NCR
(Data must be collected from the Reserve Pit) 4-3-09
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.: _____

Handwritten notes: Rev 0903, 3/16/09

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: Thomas E. Black
Title: Owner - Pres. Date: 3-13-09
Subscribed and sworn to before me this 13th day of March, 2009.
Notary Public: Sharon M. Madson
Date Commission Expires: _____

SHARON M. MADSON
Notary Public - State of Kansas
My Appt. Expires 01-29-2010

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
MAR 16 2009

KCC WICHITA

Operator Name: BLACK PETROLEUM COMPANY Lease Name: NICKLELSON Well #: 1
 Sec. 20 Twp. 9 S. R. 24 East West County: GRAHAM

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:	<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	12 1/4"	8 5/8"	23#	208'	COMMON	150	2%Gel,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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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-1B.)</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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BLACK PETROLEUM COMPANY

P.O. BOX 12922
WICHITA, KANSAS 67277-2922



OFFICE: 316-729-8220

THOMAS E. BLACK
President - Geologist

January 12, 2009

Re: #1 Nickelson
S/2 NW SE Section 20-9S-24W
Graham County, Kansas

PARTNERS:

This test well ran 6-9' low all the way down to rotary total depth. Three skinny shows of oil were present in the "I", "J" and "K" zones covered by DST #1.

No porosity and permeability was encountered from Lansing formations throughout.

Plugged as dry and abandoned.

A handwritten signature in cursive script that reads "Thomas E. Black".

Thomas E. Black

RECEIVED

MAR 16 2009

KCC WICHITA

ALLIED CEMENTING CO., LLC. 34850

TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <u>1-20-09</u>	SEC. <u>20</u>	TWP. <u>9</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION	JOB START <u>1:00a.m.</u>	JOB FINISH <u>1:30a.m.</u>
LEASE <u>NICKELSON</u>	WELL # <u>1</u>	LOCATION <u>Wasteaway Redline 9w</u>			COUNTY <u>Carahan</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>1 1/2 E+S Into</u>			

CONTRACTOR L.D.
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D. 4125
 CASING SIZE 7 7/8 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 x H DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER
 CEMENT
 AMOUNT ORDERED 205 60/40 40/60 60/60
1/4# PD

COMMON	<u>123</u>	@	<u>13.50</u>	<u>166.50</u>
POZMIX	<u>82</u>	@	<u>7.55</u>	<u>619.10</u>
GEL	<u>7</u>	@	<u>20.25</u>	<u>141.75</u>
CHLORIDE		@		
ASC		@		
<u>Flo Seal 51#</u>		@	<u>2.45</u>	<u>124.95</u>
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>205</u>	@	<u>2.25</u>	<u>461.25</u>
MILEAGE	<u>110 / 15¢/mile</u>			<u>1025.00</u>
TOTAL				<u>4,032.55</u>

EQUIPMENT
 PUMP TRUCK CEMENTER Craig
 # 417 HELPER Matt
 BULK TRUCK
 # 396 DRIVER Bob
 BULK TRUCK
 # DRIVER

RECEIVED
 MAR 16 2009
 KCC WICHITA

REMARKS:

See Job Log!

Thanks!

CHARGE TO: Black Oil Black Prod. Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB			
PUMP TRUCK CHARGE			<u>990.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>50</u>	@	<u>7.00</u>
MANIFOLD		@	
		@	
		@	
TOTAL <u>1340.00</u>			

PLUG & FLOAT EQUIPMENT

<u>1 8 5/8 warden Plug</u>			<u>39.00</u>
		@	
		@	
		@	
		@	
TOTAL <u>39.00</u>			

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.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Bill Owen
 SIGNATURE Bill Owen