

**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

Operator: License # 33325
 Name: Petroleum Development Corporation
 Address: 1775 Sherman Street, Suite 3000
 City/State/Zip: Denver, CO 80203
 Purchaser: Priority Oil & Gas
 Operator Contact Person: Larry Robbins
 Phone: (303) 860-5800
 Contractor: Name: Schaal Drilling, Co. LLC & Advanced Drilling Technologies, LLC
 License: 33775 & 33532
 Wellsite Geologist: N/A

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Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW 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. _____

<u>03/05/2008</u>	<u>03/07/2008</u>	<u>03/12/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-20924-0000
 County: Cheyenne
 Address: SW NW SW Sec. 4 Twp. 5 S. R. 40 East West
1650 feet from N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: McCall Well #: 13-4
 Field Name: Cherry Creek Niobrara Gas Area
 Producing Formation: Niobrara
 Elevation: Ground: 3657' Kelly Bushing: 3669'
 Total Depth: 1635' Plug Back Total Depth: 1595'
 Amount of Surface Pipe Set and Cemented at 10 joints @ 417 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 AH I NCR 3-11-09
(Data must be collected from the Reserve Pit)
 Chloride content 5000 ppm Fluid volume 50 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: [Signature]
 Title: Regulatory Agent Date: January 29, 2009
 Subscribed and sworn to before me this 29 day of January, 2009.
 Notary Public: [Signature]
 Date Commission Expires: _____

**SARAH M GARRETT
Notary Public
State of Colorado**

KCC Office Use ONLY

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

My Commission Expires August 11, 2009

Operator Name: Petroleum Development Corporation Lease Name: McCall Well #: 13-4
 Sec. 4 Twp. 5 S. R. 40 East West County: Cheyenne

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 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: CDL, CNL, Dual Induction, CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Niobrara 1410'
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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	11"	7"	17#	417'	Type I/II	112	
Production	6 1/8"	4 1/2"	10.5 #	1617'	Type I/II	75	2% KCL

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	1430'-1442'	500 gal 15% HCL, 70 Quality N2 foam, 301 bbls Lightning 15# fluid system, 96320 lbs of Ottawa 12/20 mesh sand 4000 lbs of SB Excel 12/20 resin coated sand 279 MSCF N2	1430'-1442'

TUBING RECORD	Size 2 3/8"	Set At 1464'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 09/23/2008	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 70	Water Bbls. 12	Gas-Oil Ratio n/a	Gravity
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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) _____

SCHAAL DRILLING, CO.
PO BOX 416
BURLINGTON, CO. 80807
719-346-8032
FIELD REPORT
SURFACE CASING, DRILLING AND CEMENTING

DRILLING DATE 3-05-08

WELL NAME & LEASE # McCall 13-04

MOVE IN, RIG UP, DIG PITS ETC. DATE 3-05-08 TIME 7:30 AM PM

SPUD TIME 8:45 AM PM SHALE DEPTH 320 TIME 11:45 AM PM

HOLE DIA. 11 FROM 0 TO 409 TD TIME 1:15 AM PM

CIRCULATE, T.O.O.H., SET 404.11 FT CASING 417.11 KB FT DEPTH

10 JOINTS 7 OD #/FT 14 15.5 17 20 23

PUMP 112 SAC CEMENT 670 GAL.DISP. CIRC. 9 BBL TO PIT

PLUG DOWN 3:15 AM PM DATE 3-05-08

CEMENT LEFT IN CSG. 30 FT TYPE: PORTLAND CEMENT I/II ASTM C 150
CENTRALIZER 1 CEMENT COST \$ 2142.24

ELEVATION 3657
+12KB 3669

PIPE TALLY

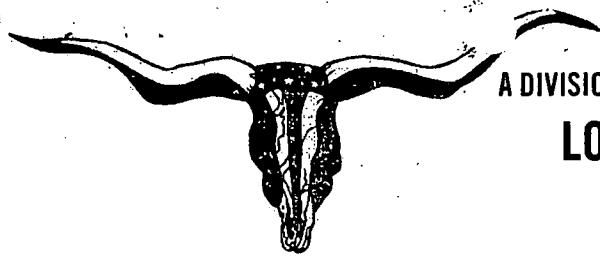
1. 39.15
2. 39.09
3. 42.83
4. 38.80
5. 43.46
6. 38.96
7. 39.02
8. 40.31
9. 43.38
10. 39.11
- 11.
- 12.
- 13.
- 14.

TOTAL 404.11

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A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759
Phone: 970-848-0799 Fax: 970-848-0798

**FIELD SERVICE TICKET
AND INVOICE**

DATE 3-7-08 TICKET NO. 1522

DATE OF JOB: <u>3-7-08</u>	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:				
CUSTOMER: <u>PIX</u>	LEASE: <u>McCull</u>	13-4		WELL NO.:							
ADDRESS	COUNTY	STATE									
CITY	STATE	SERVICE CREW: <u>David Deaton</u>		EQUIPMENT: <u>112</u>							
AUTHORIZED BY		EQUIPMENT									
TYPE JOB: <u>Longhorn</u>	DEPTH	FT.	CEMENT DATA: BULK <input type="checkbox"/>			SAND DATA: SACKS <input type="checkbox"/>		TRUCK CALLED	DATE	AM	TIME
SIZE HOLE: <u>6 1/2</u>	DEPTH	FT.	SACKS	BRAND	TYPE	% GEL	ADMIXES	ARRIVED AT JOB		AM	PM
SIZE & WT. CASTING: <u>NEW 5/8</u>	DEPTH	FT.						START OPERATION		AM	PM
SIZE & WT. D PIPE OR TUBING	DEPTH	FT.						FINISH OPERATION		AM	PM
TOP PLUGS	TYPE:	WEIGHT OF SLURRY: <u>15</u>		LBS. / GAL.	LBS. / GAL.						
		VOLUME OF SLURRY									
	<u>1601.80</u>	<u>25</u>	SACKS CEMENT TREATED WITH <u>2</u> % OF <u>KCL</u>								
<u>FBTD</u>	MAX DEPTH: <u>1655</u>	FT.	MAX PRESSURE	P.S.I.							
								MILES FROM STATION TO WELL			

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: _____

(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>WLD</u>	<u>Depth Charge Cement Mileage</u> <u>As per Contract</u>				<u>4300</u>
<u>300-12</u>	<u>7" Cement Port</u>		<u>1</u>		<u>36</u>
<u>400-2</u>	<u>Caliche</u>		<u>50</u>	<u>16</u>	<u>800</u>
<u>400-4</u>	<u>KCL</u>		<u>40</u>	<u>10</u>	<u>400</u>
					<u>4426</u>
					<u>74</u>
<u>M40</u>	<u>Flash</u>		<u>30</u>	<u>661</u>	
<u>1950</u>	<u>Cement</u>		<u>18</u>	<u>661</u>	
<u>2000</u>	<u>Displacement</u>		<u>25</u>	<u>964</u>	
<u>2010</u>	<u>Bump Plug</u>		<u>1</u>	<u>1400</u>	<u>1400</u>

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SUB TOTAL

SERVICE & EQUIPMENT	% TAX ON \$
MATERIALS	% TAX ON \$

TOTAL

ACID DATA:			
	GALLONS	%	ADDITIVES
HCL			
HCL			

THANK YOU

SERVICE REPRESENTATIVE: [Signature]
FIELD SERVICE ORDER NO.:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)