

ORIGINAL

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 # 32781
Name: Roberts Resources, Inc.
Address 1: 520 S. Holland, Suite 207
Address 2: _____
City: Wichita, State: KS Zip: 67209 + _____
Contact Person: Kent Roberts
Phone: (316) 721-2817
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Kent Roberts
Purchaser: Oneok

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.: _____
11/20/2008 12/3/2008 1/16/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 097-21645-00-00
Spot Description: _____
_____ N/2 NE Sec. 33 Twp. 30 S. R. 18 East West
4620 Feet from North / South Line of Section
1320 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Smith Well #: 2-33
Field Name: Alford
Producing Formation: Mississippi
Elevation: Ground: 2176 Kelly Bushing: 2186
Total Depth: 5795 Plug Back Total Depth: 5793
Amount of Surface Pipe Set and Cemented at: 1618 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/ AH-1-Dlg-3/27/09 ^{sq gmt}

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 12000 ppm Fluid volume: 480 bbls
Dewatering method used: Haul off
Location of fluid disposal if hauled offsite:
Operator Name: Roberts Resources, Inc.
Lease Name: Mary License No.: 32781
Quarter NE Sec. 16 Twp. 29 S. R. 18 East West
County: Kiowa Docket No.: D-28396

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: Kent Roberts
Title: President Date: 2/10/2009
Subscribed and sworn to before me this 10 day of February

20 09
Notary Public: Connie R. Richardson
Date Commission Expires: _____
CONNIE R. RICHARDSON
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-12-11

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

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Operator Name: Roberts Resources, Inc. Lease Name: Smith Well #: 2-33
 Sec. 33 Twp. 30 S. R. 18 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: CNL/CDL, DIL, Sonic, MEL, CBL	<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>Stotler</td> <td>3498</td> <td>-1312</td> </tr> <tr> <td>Heebner</td> <td>4210</td> <td>-2024</td> </tr> <tr> <td>Lansing</td> <td>4392</td> <td>-2206</td> </tr> <tr> <td>Altamont</td> <td>4873</td> <td>-2687</td> </tr> <tr> <td>Mississippi</td> <td>5016</td> <td>-2830</td> </tr> <tr> <td>Viola</td> <td>5415</td> <td>-3229</td> </tr> <tr> <td>Arbuckle</td> <td>5722</td> <td>-3536</td> </tr> </table>	Name	Top	Datum	Stotler	3498	-1312	Heebner	4210	-2024	Lansing	4392	-2206	Altamont	4873	-2687	Mississippi	5016	-2830	Viola	5415	-3229	Arbuckle	5722	-3536
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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"	24#	1618'	A-Con/ Common	650	2%gel, 3% cc
Production	7-7/8"	5 1/2"	15.5#	5793	AA-2	325	gas block

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
4	5494-5497 CIBP @ 5440'	300 gal 15% MCA/ Non commercial	
4	5039-5043	1000 gal 15% MCA	

TUBING RECORD:	Size: 2 3/8"	Set At: 4998	Packer At: none	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 1/28/2009		Producing Method: <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 450	Water Bbls. 4.01	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 5039' to 5043'
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energy services, L.P.

TREATMENT REPORT

Customer ROBERTS RESOURCES	Lease No.	Date 11-21-08
Lease SANDY	Well # 2-33	
Field Order # 17215	Station PRATT	Casing 6 3/8
Type Job PAW-S.P.	Formation	Depth 1620
		County KIOWA
		State KS.
		Legal Description 33-30-18

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
4 1/2"				50% H₂O				
Depth 1620	Depth	From	To	Pre Pad 2.56 FT³	Max		5 Min.	
Volume 103	Volume	From	To	Pad 150 GAL. COMMON	Min		10 Min.	
Max Press 1022	Max Press	From	To	Frac 1.36 FT³	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 1573	Packer Depth	From	To	Flush 101 BBL.	Gas Volume		Total Load	

Customer Representative BUCK	Station Manager SPOTTY	Treater BOBBY
Service Units 17266	19889	19892
Driver Names DRANE	LOSIY	EXCHANGE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0530					ON LOCATION w/ FLOAT EQUIPMENT
0800					RUN 32 lbs. 2 1/4" CEMENT - 1419 GAL. - 20835
0750					CSG. ON BOTTOM
1005					HACK UP TO CSG. - BREAK CIRC. w/ RIG.
1017	100		10	5.0	H ₂ O HEAD
1019	250		238	7.5	MIX LIND CMT. @ 12.0" / GAL.
1051	250		110	5.5	MIX TRIL CMT. @ 15.0" / GAL.
1059					REMOVE PLUG
1101	150			6.0	START DISP.
1115	400		65	4.5	LIFT PRESSURE
1125	400		101		ALLOW DOWN
					CIRCULATION THRU JOB
					CIRCULATED CEMENT TO PIT
					JOB COMPLETE

THANKS, BOBBY

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TREATMENT REPORT

Customer: **ROBERTS RESOURCES** Lease No. **2-33** Date: **12-3-08**
 Lease: **SMITH** Well # **2-33**
 Field Order # **19315** Station **PRATT** Casing **5 1/2** Depth **4795** County **KIOWA**
 Type Job **CNW - 5 1/2 LONGSTRING** Formation **33-30-12** Legal Description **33-30-12**

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2	Tubing Size	Shots/Ft	CMT-AAZ	Acid 1.36 c/ft³	RATE	PRESS	ISIP	
Depth 4795	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 137	Volume	From	To	Pad	Min		10 Min.	
Max Press 1500	Max Press	From	To	Flac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 4750	Packer Depth	From	To	Flush 137	Gas Volume		Total Load	

Customer Representative: **KENT ROBERTS** Station Manager: **DAVE SCOTT** Treater: **KEEVEN LESLEY / BOBBY DRAKE**

Service Units	19866	19889	MEH2	19832	19861				
Driver Names	DRAKE	LESLEY	ROUSH	MCGRAW					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30 AM					ON LOCATION - SAFETY MEETING
2:55 PM					RUN CSG. CMT - 1.35, 7.9, 12.15, 18.20 @ 1.36 C/FT
					BASKET - 4, 18, 30
3:20 PM					CSG. ON BOTTOM - BREAK CIRC. W/ RIG
4:21 PM	200		5	2400	H ₂ O
4:24 PM	150		24	1500	SPR - 1/2 SUPERFLUSH II
4:32 PM	150		5	1500	H ₂ O
4:35 PM	150		15	1160	SCAVENGER CMT @ 12.4 PPG. = 35925
4:41 PM	100		69	60	AAZ CMT @ 15.4 PPG. = 28500
4:54 PM					SHUT DOWN - CLEAR PUMP - DROP PLUG
4:59 PM	200		113		DIS START DISPLACEMENT
5:10 PM	500		83	6	LIFT PRESSURE
5:21 PM	1000		130	115	SLOW RATE
5:30 PM	1500		137	115	PLUG DOWN & HELD
					PLUG R.H. AND M.H.
					JOB COMPLETE

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THANKS, KEEVEN, BOBBY & CREW