

Rec'd in Prod. Dept.
3/27/09.

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 # 32087

Name: Rita Mae VonLintel Operating

Address 1: 117 E 16th Street

Address 2: _____

City: Hays State: KS Zip: 67601 + _____

Contact Person: Otto VonLintel

Phone: (785) 625-6448

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

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: Francis Weigel FAMILY PARTNERSHIP, LLC

Well Name: Polcyn 2 2/02/64 (#33996)

Original Comp. Date: 2-20-64 Original Total Depth: 3374

____ 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.: E- 30391

3/19/09 3-19-09

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-167-03727-00-01

Spot Description: _____

____ SW ____ SE ____ SE Sec. 10 Twp. 15 S. R. 15 East West

330 660 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner: _____

NE NW SE SW

County: Russell

Lease Name: Polcyn Well #: 2

Field Name: Donovan

Producing Formation: LKC

Elevation: Ground: 1752 Kelly Bushing: 1757

Total Depth: 3374 Plug Back Total Depth: 3255

Amount of Surface Pipe Set and Cemented at: 817 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 3290

feet depth to: _____ w/ 150 NO-LOG - 4/16/09 ^{6X} cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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.: _____

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 on 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: X Otto Von Lintel

Title: General Manager Date: 3-21-2009

Subscribed and sworn to before me this 21st day of MARCH

20 09

Notary Public: Allen P. Dreiling

Allen P. Dreiling
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 5-16-2012

Date Commission Expires: _____

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution (RS 3/26)

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 25 2009
CONSERVATION DIVISION
WICHITA, KS

See RECORDS
3/19/09
3/27/09

Operator Name: Rita Mae VonLintel Operating Lease Name: Polcyn Well #: 2
 Sec. 10 Twp. 15 S. R. 15 East West County: Russell

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input 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 |
|--|---|

| 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 Pipe | 12 1/4" | 8 5/8" | NA | 817' | NA | 475 | NA |
| Production | 7 7/8" | 5 1/2" | NA | 3290' | NA | 150 | NA |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| Perforate | | | | |
| Protect Casing | | | | |
| Plug Back TD | | | | |
| 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
| | | | |

RECEIVED
KANSAS CORPORATION COMMISSION
MAR 25 2009
CONSERVATION DIVISION
WICHITA, KS

| | | | | |
|---|---------------------|--|-------------------------|--|
| TUBING RECORD: | Size: <u>2 3/8"</u> | Set At: <u>2921'</u> | Packer At: <u>2921'</u> | Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. <u>awaiting permit</u> | | 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|