

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 9152
Name: MAREXCO, Inc.
Address: 3033 NW 63rd St. - Suite 151
City/State/Zip: Oklahoma City, OK 73116
Purchaser: NCRA
Operator Contact Person: Stephen W. Marden
Phone: (405) 286-5657
Contractor: Name: American Eagle Drilling
License: 33493
Wellsite Geologist: Eric Waddell

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: A. Scott Ritchie
Well Name: Babb "C" #1

Original Comp. Date: 6/24/81 Original Total Depth: 4,126'
 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. _____

11/18/07 11/20/07
Spud Date or Date Reached TD
Recompletion Date Completion Date or Recompletion Date

API No. 15 - 195-20,826-00-01
County: Trego
C N/2NE NW Sec. 9 Twp. 12 S. R. 22 East West
330 feet from S / (circle one) Line of Section
1,980 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Babb Well #: 21-9
Field Name: Shaw Creek South
Producing Formation: Marmaton

Elevation: Ground: 2,390 Kelly Bushing: 2,395
Total Depth: 4,126 Plug Back Total Depth: 4,086
Amount of Surface Pipe Set and Cemented at 20.6' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1,751' Feet
If Alternate II completion, cement circulated from 450'
feet depth to surface w/ 100 sx cmt.
see reverse side for complete cement

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit) *alt dug 6/17/08*
Chloride content _____ ppm Fluid volume _____ 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: Stephen W. Marden
Title: V.P. Date: 04/16/08
Subscribed and sworn to before me this 16 day of April

Notary Public: Linda L. Cumpton

Date Commission Expires: 3/28/08
2/2/08
LINDA L. CUMPTON
Notary Public
State of Oklahoma
Commission # 07011452 Expires 12/13/11

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

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CONSERVATION DIVISION
WICHITA, KS

Operator Name: MAREXCO, Inc. Lease Name: Babb Well #: 21-9
 Sec. 9 Twp. 12 S. R. 22 East West County: Trego

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.

not in re-entry

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:
Sonic cement bond log

Log Formation (Top), Depth and Datum Sample

Name Top Datum

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Production	7 7/8"	4 1/2"	10.5#	4,128	common	125	10% salt 2% gel
2nd stage	7 7/8"	4 1/2"	10.5#	port collar @ 1,751'	common	235	bentonite gel 1/4# flocele

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	450'w/ cement	4 shots/ft did circulate	100sx	1/4# flocele

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4008-40'	2 shots/ft	1,500 gal 15% NEFE acid 26,500# sand 4,500 gal. pro-gel 15,500 gal. pro frac	

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>4038'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd 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 <u>16</u>	Bbls.	Gas <u>0</u>	Mcf	Water <u>8</u>
				Bbls.	Gas-Oil Ratio
					Gravity

Disposition of Gas Vented Sold Used on Lease
 (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled
 Other (Specify)

Production Interval

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ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 111194

Invoice Date: Nov 16, 2007

Page: 1

Bill To:

Marexco, Inc.
3033 NW 63rd Suite 151
Oklahoma City, OK 73116

Customer ID	Well Name/# or Customer P.O.		Payment Terms	
Marex	Babb #21-9		Net 30 Days	
Sales Rep ID	Camp Location	Service Date	Due Date	
	Russell	Nov 16, 2007	12/16/07	

Quantity	Item	Description	Unit Price	Amount
125.00	MAT	Common Class A	11.10	1,387.50
2.00	MAT	Gel	16.65	33.30
12.00	MAT	Salt	19.20	230.40
139.00	SER	Handling	1.90	264.10
50.00	SER	Mileage 139 sx @.09 per sk per mi	12.51	625.50
1.00	SER	Production Casing	1,610.00	1,610.00
50.00	SER	Mileage Pump Truck	6.00	300.00
1.00	EQP	Rubber Plug	55.00	55.00
4.00	EQP	Centralizers	45.00	180.00
1.00	EQP	Basket	150.00	150.00
1.00	EQP	AFU Insert	225.00	225.00
1.00	EQP	Guide Shoe	150.00	150.00
1.00	EQP	Port Collar	1,600.00	1,600.00

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BILLED DEC 12 2007

INSERT 4086
Pump 500 gal of Desco
1500 w/ 1100 lbs pump plug w/ 64.9 bbls
1500 w/ 1100 lbs pump plug
1500 RH

DEPTH OF JOB		
PUMP TRUCK CHARGE		1610.00
EXTRA FOOTAGE	@	
MILEAGE	@ 50	300.00
MANIFOLD	@	
	@	
	@	

CHARGE TO: MAREXCO
STREET _____
CITY _____ STATE _____ ZIP _____

TOTAL 1910.00

PLUG & FLOAT EQUIPMENT

w Rubber Plug		55.00
w 4-Centralizers	@ 45.00	180.00
w 1-BASKETS	@	150.00
w 1-Insert AFU	@	225.00
w Guide Shoe	@	150.00

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment

P.C # 56



CHARGE TO: MAREXCO Inc.
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 13447

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, KS</u>	WELL/PROJECT NO. <u>21-9</u>	LEASE <u>Babb</u>	COUNTY/PARISH <u>Trego</u>	STATE <u>KS</u>	CITY	DATE <u>3-27-08</u>	OWNER
2. <u>Ness City, KS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Professional Pulling Serv.</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>N/Dgalah, KS</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Wbkarr</u>	JOB PURPOSE <u>Cement Bit Collar @ 1741'</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #106	45	mi			600	27000
578		1			Pump Charge - <u>Cut Bit Collar</u>	1	hr			1400.00	1400.00
288		1			SAND - 20/40	2	SKS			2500	5000
290		1			D-Air	2	gal			3500	7000
330		2			SMD Cement	235	SKS	23389	lbs	15.50	3642.50
279		2			Bentonite Gel	157	SKS	1500	lbs	2400	36000
276		2			Floccle 1/4#/sk	59	lbs	1/4	#/sk	150	8850
581		2			Service Charge Cement	235	SKS			190	44650
583		2			Drayage 45 mi	56	33	Tm	24948	175	98233

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 CONSERVATION DIVISION
 WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
 DATE SIGNED 3.27.08 TIME SIGNED 15:00 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					730983
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	773350

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL

Thank You!



copy with
4/22/08
me

CHARGE TO
Marexco, Inc.

ADDRESS

CITY, STATE, ZIP CODE

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APR 21 2008
CONSERVATION DIVISION
WICHITA, KS

TICKET

No 13448

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, KS</i>	WELL/PROJECT NO. <i>25-9</i>	LEASE <i>Babb</i>	COUNTY/PARISH <i>Trego</i>	STATE <i>KS</i>	CITY	DATE <i>3-28-08</i>	OWNER
2. <i>Ness City, KS</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Picoff Pulling Serv.</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>N. Gallah</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Workover</i>	JOB PURPOSE <i>Cement Squeeze 750'</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 106	45		mi		600	270.00
577		1			Pump Charge - Shallow Squeeze	450		ft	1000	1000.00	1000.00
290		1			D-Air	1		gal		35.00	35.00
410		1			Top Plug 4 1/2"	1		sq	4 1/2 in	90.00	90.00
330		2			SMD Cement	100		sk	9953 lbs	15.50	1550.00
276		2			Floccle 1/4 #/sk	25		lbs		1.50	37.50
581		2			Service Charge - Cement	150		sk		1.90	285.00
583		2			Drayage 75 mi	336		sq ft	14954 lbs	1.75	588.82

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *E. J. Waddell*
DATE SIGNED *3-28-08* TIME SIGNED *12:45* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	4079.199

3856.32

Trego TAX 5.37% 2.23.67

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!