

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

CORRECTED

Operator: License # 33258
 Name: Sabine Operating Services, Inc.
 Address: 2351 W. Northwest Highway #1203
 City/State/Zip: Dallas, Texas 75220
 Purchaser: Plains Oil
 Operator Contact Person: Eric Oden
 Phone: (903) 283-1094
 Contractor: Name: same
 License: _____
 Wellsite Geologist: Tom Oast
 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. _____

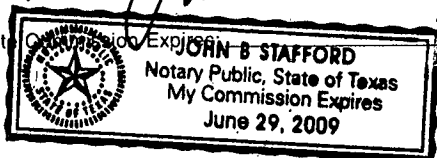
| | | |
|-----------------------------------|-----------------|---|
| 11/28/06 | 11/29/06 | 12/19/06 |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-019-26, 769-0000
 County: Chautauqua
W/2 SW NE NE Sec. 10 Twp. 33 S. R. 13 East West
990' feet from (S) / (N) (circle one) Line of Section
1060' feet from (E) / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Ownbey Well #: 3-06
 Field Name: Frasier/North
 Producing Formation: Weiser
 Elevation: Ground: 912' Kelly Bushing: _____
 Total Depth: 1060' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 40' 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/ _____
 AHZ - Dg - 4/23/09 ^{sx 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 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: President Date: 3/25/09
 Subscribed and sworn to before me this 25 day of MARCH
2009
 Notary Public: [Signature]
 Date: 6-29-09



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 RECEIVED
 KANSAS CORPORATION COMMISSION
 MAR 30 2009

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Sabine Operating Services, Inc. Lease Name: Ownbey Well #: 3-06
 Sec. 10 Twp. 33 S. R. 13 East West County: Chautauqua

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/CNLGR, IDL | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Name</td> <td style="width: 20%;">Top</td> <td style="width: 20%;">Datum</td> </tr> <tr> <td>Drum</td> <td>659</td> <td>+253</td> </tr> <tr> <td>Redd</td> <td>700</td> <td>+212</td> </tr> <tr> <td>South Mound</td> <td>819</td> <td>+93</td> </tr> <tr> <td>Lenapah</td> <td>850</td> <td>+62</td> </tr> <tr> <td>Wayside</td> <td>875</td> <td>+37</td> </tr> <tr> <td>Altamont</td> <td>930</td> <td>-18</td> </tr> <tr> <td>Weiser</td> <td>969</td> <td>-57</td> </tr> </table> | Name | Top | Datum | Drum | 659 | +253 | Redd | 700 | +212 | South Mound | 819 | +93 | Lenapah | 850 | +62 | Wayside | 875 | +37 | Altamont | 930 | -18 | Weiser | 969 | -57 |
| Name | Top | Datum | | | | | | | | | | | | | | | | | | | | | | | |
| Drum | 659 | +253 | | | | | | | | | | | | | | | | | | | | | | | |
| Redd | 700 | +212 | | | | | | | | | | | | | | | | | | | | | | | |
| South Mound | 819 | +93 | | | | | | | | | | | | | | | | | | | | | | | |
| Lenapah | 850 | +62 | | | | | | | | | | | | | | | | | | | | | | | |
| Wayside | 875 | +37 | | | | | | | | | | | | | | | | | | | | | | | |
| Altamont | 930 | -18 | | | | | | | | | | | | | | | | | | | | | | | |
| Weiser | 969 | -57 | | | | | | | | | | | | | | | | | | | | | | | |

| 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 | 12.25 | 8.625 | 24 | 41 | OWC | 30 | |
| Casing | 6.75 | 4.5 | 10.50 | 1050 | Thickset | 110 | |
| | | | | | | | |

| 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 (Amount and Kind of Material Used) | Depth |
|----------------|---|---|-------|
| 4 | 970' - 990' | 200 gal. 15% HCL 4200 gal. water and gel | 970' |
| | | | |
| | | | |
| | | | |

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAR 30 2009
 CONSERVATION DIVISION
 WICHITA, KS

| TUBING RECORD | | Size | Set At | Packer At | Liner Run | |
|--|-----------|--|-------------|---------------|-----------|--|
| Date of First, Resumerd Production, SWD or Enhr. TBD | | Producing Method <input type="checkbox"/> Flowing <input checked="" 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 | |
| TBD | TBD | TBD | TBD | TBD | TBD | |

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 _____