

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 # 31938
Name: Indian Oil Co., Inc.
Address 1: PO Box 209
Address 2: 2507 SE US Hwy 160
City: Medicine Lodge State: KS Zip: 67104 +
Contact Person: Anthony Farrar
Phone: (620) 886-3763
CONTRACTOR: License # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Scott Alberg
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other Waiting on completion
(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.: _____
11/4/2008 11/15/2008 none
Spud Date or Date Reached TD Completion Date or Recompletion Date

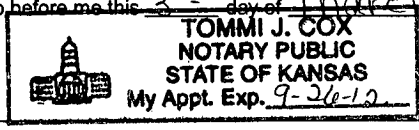
API No. 15 - 15-097-21647-00-00
Spot Description: _____
NE NE SW Sec. 18 Twp. 27 S. R. 16 East West
2310 Feet from North / South Line of Section
2310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa
Lease Name: Davis Well #: 3-18
Field Name: Vod
Producing Formation: Not Completed
Elevation: Ground: 2111 Kelly Bushing: 2121
Total Depth: 4760 Plug Back Total Depth: 4745
Amount of Surface Pipe Set and Cemented at: 414 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/ _____ ^{sq cmt.} Alt I - Dlg - 4/28/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: Unknown ppm Fluid volume: 90 bbls
Dewatering method used: Hauled
Location of fluid disposal if hauled offsite:
Operator Name: Thoroughbred Associates L.L.C.
Lease Name: Weldon License No.: 31514
Quarter _____ Sec. 22 Twp. 32 S. R. 19 East West
County: Comanche Docket No.: 15-033-21256

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: _____
Title: V.P., Operations Date: 3/2/2009
Subscribed and sworn to before me this 3rd day of March
20 09
Notary Public: _____
Date Commission Expires: 9-26-12



KCC Office Use ONLY

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

RECEIVED
MAR 06 2009

JAN 1980

Side Two

Operator Name: Indian Oil Co., Inc. Lease Name: Davis Well #: 3-18
 Sec. 18 Twp. 27 S. R. 16 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: Dual Compensated Porosity, Microresistivity, Dual Induction	<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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner Shale</td> <td>3931</td> <td>-1809</td> </tr> <tr> <td>Lansing</td> <td>4098</td> <td>-1976</td> </tr> <tr> <td>B/KC</td> <td>4457</td> <td>-2335</td> </tr> <tr> <td>Cherokee Sand</td> <td>4606</td> <td>-2484</td> </tr> <tr> <td>Mississippian</td> <td>4617</td> <td>-2495</td> </tr> <tr> <td>Kinderhook Sand</td> <td>4650</td> <td>-2528</td> </tr> <tr> <td>Viola</td> <td>4714</td> <td>-2592</td> </tr> </table>	Name	Top	Datum	Heebner Shale	3931	-1809	Lansing	4098	-1976	B/KC	4457	-2335	Cherokee Sand	4606	-2484	Mississippian	4617	-2495	Kinderhook Sand	4650	-2528	Viola	4714	-2592
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Viola	4714	-2592																							

CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8	23	414	60:40	315	2% gel, 3% CC
Production	7-7/8	4 1/2	10.5	4760	60:40	289	4% gel, 5# kolseal, 5% FL160

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
none	none	none	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Not Completed</u>	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

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

W C

INVOICE

Invoice Number: 116946
 Invoice Date: Nov 5, 2008
 Page: 1

Bill To:
Indian Oil Co., Inc. P O Box 209 Medicine Lodge, KS 67401-0209

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Indian	Davis #3-18	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Nov 5, 2008	12/5/08

Quantity	Item	Description	Unit Price	Amount
180.00	MAT	Class A Common	15.45	2,781.00
120.00	MAT	Pozmix	8.00	960.00
5.00	MAT	Gel	20.80	104.00
10.00	MAT	Chloride	58.20	582.00
315.00	SER	Handling	2.40	756.00
50.00	SER	Mileage 315 sx @ .10 per sk per mi	31.50	1,575.00
1.00	SER	Surface	1,018.00	1,018.00
114.00	SER	Extra Footage	0.85	96.90
50.00	SER	Mileage Pump Truck	7.00	350.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	Wooden Plug	68.00	68.00

RECEIVED
MAR 17 2009
KCC WICHITA

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 846.39

ONLY IF PAID ON OR BEFORE

Dec 5, 2008

Subtotal	8,403.90
Sales Tax	283.19
Total Invoice Amount	8,687.09
Payment/Credit Applied	
TOTAL	8,687.09

ALLIED CEMENTING CO., LLC. 32596

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge KS

DATE <u>11-5-08</u>	SEC. <u>18</u>	TWP. <u>27s</u>	RANGE <u>16W</u>	CALLED OUT <u>1:00 pm</u>	ON LOCATION <u>2:00 pm</u>	JOB START <u>7:00 pm</u>	JOB FINISH <u>7:30 pm</u>
LEASE <u>Devils</u>		WELL # <u>3-18</u>		LOCATION <u>Haviland KS, SW, 1/2W</u>		COUNTY <u>Kiowa</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>n/in 10</u>				

CONTRACTOR VSI #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 420

CASING SIZE 8 5/8 DEPTH 414

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. _____

DISPLACEMENT 25 bbls of fresh water

OWNER Inden Oil

CEMENT

AMOUNT ORDERED 300sv 60:40:2+3%cc

COMMON	<u>180</u>	<u>A</u>	@	<u>15.45</u>	<u>2781.00</u>
POZMIX	<u>120</u>		@	<u>8.00</u>	<u>960.00</u>
GEL	<u>5</u>		@	<u>20.80</u>	<u>104.00</u>
CHLORIDE	<u>10</u>		@	<u>58.20</u>	<u>582.00</u>
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<u>315</u>		@	<u>2.40</u>	<u>756.00</u>
MILEAGE	<u>50</u>	<u>X 315</u>	<u>X .10</u>		<u>1575.00</u>
TOTAL					<u>6758.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Perm F.

372 HELPER Newton D.

BULK TRUCK

356-251 DRIVER Larry F. Jr

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on bottom & break circulation

Pump 3 bbls of fresh water ahead

mix 300sv of cement, shut down &

release plug, start displacement, Pump

25 bbls & shut in, cement did circulate

SERVICE

DEPTH OF JOB 414'

PUMP TRUCK CHARGE 0-300' 1018.00

EXTRA FOOTAGE 114' @ .85 96.90

MILEAGE 50 @ 7.00 350.00

MANIFOLD _____ @ _____

Hesarentel @ 113.00 113.00

_____ @ _____

CHARGE TO: Inden Oil

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1577.90

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

8 5/8

1-wooden plug @ 68.00 68.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 68.00

PRINTED NAME x Rick Smith

SIGNATURE x Rick Smith

SALES TAX (If Any) _____

TOTAL CHARGES ~~1577.90~~

DISCOUNT ~~1577.90~~ IF PAID IN 30 DAYS

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING

ALLIED CEMENTING CO., LLC. 34065

SHIP TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge KS

11-15-08

DATE 11-15-08	SEC. 18	TWP. 27s	RANGE 16w	CALLED OUT 4:00Am	ON LOCATION 6:30Am	JOB START 2:00Pm	JOB FINISH 3:00Pm
LEASE <i>Davis</i>	WELL # 3-18	LOCATION <i>Haviland, KS, 5N, 16W n/into</i>			COUNTY <i>Kiowa</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Val #1*

TYPE OF JOB *Production Casing*

HOLE SIZE *7 7/8* T.D. *4760*

CASING SIZE *4 1/2* DEPTH *4745*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *1100* MINIMUM *—*

MEAS. LINE SHOE JOINT *41*

CEMENT LEFT IN CSG. *41*

PERFS.

DISPLACEMENT *75 Bbls 2% KCL Water*

OWNER *Indian Oil*

CEMENT AMOUNT ORDERED *25sx 60:40:4% gel & 22.5sx ASC + 5# Kolsal + 5% FG-160 & 8gals Cla Pro & 500gal ASF*

COMMON	<i>15</i>	<i>A</i>	@ <i>15.45</i>	<i>231.75</i>
POZMIX	<i>10</i>		@ <i>8.00</i>	<i>80.00</i>
GEL	<i>1</i>		@ <i>20.80</i>	<i>20.80</i>
CHLORIDE			@	
ASC	<i>22.5</i>		@ <i>18.60</i>	<i>4185.00</i>
<i>Kol Seal</i>	<i>112.5</i>	<i>#</i>	@ <i>.89</i>	<i>1001.25</i>
<i>FH-160</i>	<i>105</i>	<i>#</i>	@ <i>13.30</i>	<i>1396.50</i>
<i>Cla Pro</i>	<i>8</i>	<i>gals.</i>	@ <i>31.25</i>	<i>250.00</i>
<i>ASF</i>	<i>500</i>	<i>gal</i>	@ <i>1.27</i>	<i>635.00</i>

HANDLING	<i>289</i>	@ <i>2.40</i>	<i>693.60</i>
MILEAGE	<i>50 x 289 x .10</i>		<i>1445.00</i>
TOTAL			<i>9938.90</i>

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felio*

352 HELPER *M. Becker*

BULK TRUCK

381-314 DRIVER *M. Nall*

BULK TRUCK DRIVER

RECEIVED
MAR 17 2009
KCC WICHITA

REMARKS:

Pipe on Btm, Break Lick., Pump Pre flush, Mix 25sx 60:40 cement to Plug Rat & mouse holes Mix 22.5sx ASC cement, Stop Pump, Wash Pump & Lines, Release Plug, Start Disp. w/ 2% KCL water, See Steady increase in PST, Bump Plug at 75 Bbls total Disp., Release PST, Float Did Not Hold, Shut in w/ 800# PST,

SERVICE

DEPTH OF JOB	<i>4745'</i>		
PUMP TRUCK CHARGE			<i>2185.00</i>
EXTRA FOOTAGE		@	
MILEAGE	<i>50</i>	@ <i>7.00</i>	<i>350.00</i>
MANIFOLD <i>Head rental</i>		@ <i>113.00</i>	<i>113.00</i>

TOTAL *2648.00*

CHARGE TO: *Indian Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

4 1/2" PLUG & FLOAT EQUIPMENT

<i>1-TRP</i>	@ <i>62.00</i>	<i>62.00</i>
<i>1-Guide Shoe</i>	@ <i>169.00</i>	<i>169.00</i>
<i>1-AFU insert</i>	@ <i>254.00</i>	<i>254.00</i>
<i>8-centralizers</i>	@ <i>51.00</i>	<i>408.00</i>

TOTAL *893.00*

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Anthony Fagor*

SIGNATURE *[Signature]*

SALES TAX (If Any) _____

TOTAL CHARGES ~~10000.00~~

DISCOUNT ~~10000.00~~ IF PAID IN 30 DAYS

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING



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

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

INVOICE

Invoice Number: 117117
Invoice Date: Nov 15, 2008
Page: 1

Bill To:
Indian Oil Co., Inc.
P O Box 209
Medicine Lodge, KS 67401-0209

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Indian	DAVIS Denis #3-18	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Nov 15, 2008	12/15/08

Quantity	Item	Description	Unit Price	Amount
15.00	MAT	Class A Common	15.45	231.75
10.00	MAT	Pozmix	8.00	80.00
1.00	MAT	Gel	20.80	20.80
225.00	MAT	ASC Class A	18.60	4,185.00
1,125.00	MAT	Kol seal	0.89	1,001.25
105.00	MAT	FL-160	13.30	1,396.50
8.00	MAT	Cla Pro	31.25	250.00
500.00	MAT	ASF	1.27	635.00
289.00	SER	Handling	2.40	693.60
50.00	SER	Mileage 289 sx @.10 per sk per mi	28.90	1,445.00
1.00	SER	Production Casing	2,185.00	2,185.00
50.00	SER	Mileage Pump Truck	7.00	350.00
1.00	SER	Manifold Head Rental	113.00	113.00
1.00	EQP	Top Rubber Plug	62.00	62.00
1.00	EQP	Guide Shoe	169.00	169.00
1.00	EQP	AFU Insert	254.00	254.00
8.00	EQP	Centralizers	51.00	408.00

RECEIVED
MAR 17 2009
KCC WICHITA

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

~~\$ 1347.99~~

ONLY IF PAID ON OR BEFORE

Dec 15 2008

Subtotal	13,479.90
Sales Tax	547.68
Total Invoice Amount	14,027.58
Payment/Credit Applied	
TOTAL	14,027.58