

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 # 33325
Name: Petroleum Development Corporation
Address: 120 Genesis Blvd., Charles Pointe, PO Box 26
City/State/Zip: Bridgeport WV 26330
Purchaser: N/A
Operator Contact Person: Larry Robbins
Phone: (303) 860-5800
Contractor: Name: Schaal Drilling, Co. LLC & Advanced Drilling Technologies, LLC
License: 33775 & 33532
Wellsite Geologist: N/A

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. _____

<u>02/28/2008</u>	<u>03/03/2008</u>	<u>03/11/2008</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 023-20874-0000
County: Cheyenne
NE NE NW Sec. 10 Twp. 3 S. R. 40 East West
330 feet from S (circle one) Line of Section
2260 feet from E (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE SW
Lease Name: Stuart Well #: 21-10
Field Name: Cherry Creek Niobrara Gas Area
Producing Formation: Niobrara
Elevation: Ground: 3379' Kelly Bushing: 3391'
Total Depth: 1421' Plug Back Total Depth: 1376'
Amount of Surface Pipe Set and Cemented at 6 joints @ 260 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 5000 ppm Fluid volume 50 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.: _____

Handwritten: AIT-Dlg - 7/14/08

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: Regulatory Agent Date: June 26, 2008
Subscribed and sworn to before me this 26 day of June,
20 08
Notary Public: [Signature]
Date Commission Expires: _____ My Commission Expires August 11, 2009

SARAH M GARRETT
Notary Public
State of Colorado

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
JUN 30 2008
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Petroleum Development Corporation Lease Name: Stuart Well #: 21-10

Sec. 10 Twp. 3 S. R. 40 East West County: Cheyenne

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, CNL, Dual Induction, CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name <u>Niobrara</u> Top <u>1226'</u> Datum _____ <div style="text-align: center;"> RECEIVED KANSAS CORPORATION COMMISSION JUN 30 2008 CONSERVATION DIVISION WICHITA, KS </div>
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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	11"	7"	17#/ft	260'	Type I/II	65	
Production	6 1/8"	4 1/2"	10.5 #/ft	1420'	Type I/II	75	2% KCL

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
2	1242'-1254'	500 gal 15% HCL, 70 Quality N2 foam,	1242'-1254'
		342 bbls of Lightning 15# fluid system,	
		96660 lbs of Ottawa 12/20 mesh sand	
		4000 lbs of SB Excel 12/20 resin coated sand	
		288.4 MSCF N2	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. Production Pending	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 _____

SCHAAL DRILLING, CO.
PO BOX 416
BURLINGTON, CO. 80807
719-346-8032
FIELD REPORT
SURFACE CASING, DRILLING AND CEMENTING

DRILLING DATE 2-28-08

WELL NAME & LEASE # Stuart 21-10

MOVE IN, RIG UP, DIG PITS ETC. DATE 2-27-08 TIME 2:00 AM PM

SPUD TIME 7:15 AM PM SHALE DEPTH 70 TIME 8:00 AM PM

HOLE DIA. 11 FROM 0 TO 252 TD TIME 9:45 AM PM

CIRCULATE, T.O.O.H., SET 247.13 FT CASING 260.13 KB FT DEPTH

6 JOINTS 7 0D #/FT 14 15.5 17 20 23

PUMP 65 SAC CEMENT 379 GAL.DISP. CIRC. 2 BBL TO PIT

PLUG DOWN 11:00 AM PM DATE 2-28-08

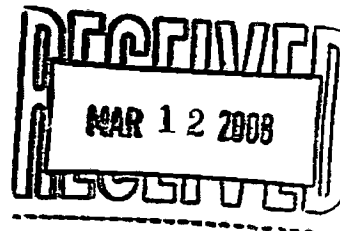
CEMENT LEFT IN CSG. 30 FT TYPE: PORTLAND CEMENT /II ASTM C 150
CENTRALIZER 1 CEMENT COST \$ 1255.41

ELEVATION 3379
+12KB 3391

PIPE TALLY

1. 42.75
2. 38.77
3. 43.05
4. 38.02
5. 42.59
6. 41.95
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

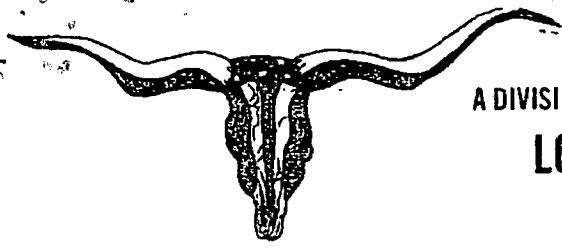
TOTAL 247.13



RECEIVED
KANSAS CORPORATION COMMISSION

JUN 30 2008

CONSERVATION DIVISION
WICHITA, KS



A DIVISION OF ADVANCED DRILLING TECHNOLOGIES, LLC.

LONGHORN CEMENTING CO.

P.O. BOX 203 YUMA, COLORADO 80759
 Phone: 970-848-0799 Fax: 970-848-0798

FIELD SERVICE TICKET
AND INVOICE

DATE 3-3-08 TICKET NO. 1520

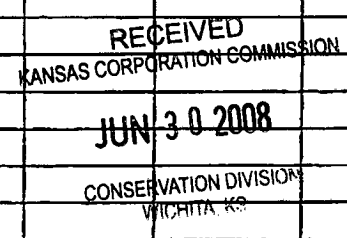
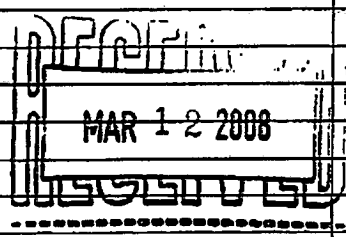
DATE OF JOB <u>3-3-08</u>	DISTRICT	NEW WELL <input checked="" type="checkbox"/>	OLD WELL <input type="checkbox"/>	PROD <input type="checkbox"/>	INJ <input type="checkbox"/>	WDW <input type="checkbox"/>	CUSTOMER ORDER NO.:	
CUSTOMER <u>PDC</u>	LEASE <u>Stuart</u>	21-10		WELL NO.				
ADDRESS	COUNTY	STATE						
CITY	STATE	SERVICE CREW <u>Dave & Tom</u>		EQUIPMENT <u>112</u>				
AUTHORIZED BY								
TYPE JOB: <u>Logging</u>	DEPTH	FT.	CEMENT DATA: BULK <input type="checkbox"/>	SAND DATA: SACKS <input type="checkbox"/>	TRUCK CALLED	DATE	AM	TIME
			SACKS	BRAND	TYPE	% GEL	ADMIXES	
SIZE HOLE:	DEPTH	FT.	<u>2.5</u>	<u>A</u>	<u>ATL</u>			ARRIVED AT JOB
SIZE & WT. CASTING ^{500 0} _{1520 0} <u>4 1/2</u>	DEPTH	FT.						START OPERATION
SIZE & WT. D PIPE OR TUBING	DEPTH	FT.						FINISH OPERATION
TOP PLUGS	TYPE:	WEIGHT OF SLURRY: <u>1.5</u>	LBS. / GAL	LBS. / GAL				RELEASED
		VOLUME OF SLURRY						
		<u>25</u> SACKS CEMENT TREATED WITH <u>0</u> % OF <u>KCL</u>						MILES FROM STATION TO WELL
<u>PRTD</u>	MAX DEPTH <u>1382 1/2</u>	FT.	MAX PRESSURE	PSI.				

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only these terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without written consent or an officer of Advanced Drilling Technologies, LLC.

SIGNED: _____
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM / PRICE REF. NUMBER	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>00-2</u>	<u>Depth Charge Cement Mileage</u> <u>AS per contract</u>				<u>4300 00</u>
<u>300-12</u>	<u>7" Centralizer</u>		<u>1</u>		<u>36 44</u>
<u>400-2</u>	<u>Calcium</u>		<u>50 lb</u>		<u>50 00</u>
<u>400-4</u>	<u>KCL</u>		<u>40 lb</u>		<u>40 30</u>
					<u>4426 74</u>
<u>1830</u>	<u>med Flush 20</u>				
<u>1840</u>	<u>Cement 18</u>				
<u>1850</u>	<u>Displacement 21.9</u>				
<u>1900</u>	<u>Bump plug 1500 psi</u>				



ACID DATA:			
	GALLONS	%	ADDITIVES
HCL			
HCL			

SERVICE & EQUIPMENT	% TAX ON \$
MATERIALS	% TAX ON \$
TOTAL	

THANK YOU

SERVICE REPRESENTATIVE <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED <u>[Signature]</u> (WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)
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FIELD SERVICE ORDER NO. _____