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4/20/09*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED
KANSAS CORPORATION COMMISSION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

APR 14 2009

CONSERVATION DIVISION
WICHITA, KS

OPERATOR: License # 33186
Name: LB Exploration, Inc.
Address 1: 2135 2nd Road
Address 2: _____
City: Holyrood State: KS Zip: 67450 + _____
Contact Person: Michael Petermann
Phone: (785) 252-8034
CONTRACTOR: License # 33905
Name: Royal Drilling, Inc.
Wellsite Geologist: James C. Musgrove

Purchaser: _____
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
 Oil _____ SWD _____ SLOW
_____ 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: _____
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.: _____
7/21/2008 7/26/2008 P+A 7/26/08
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 053-21224
Spot Description: 160'S
W/2 E/2 NE/4 Sec. 18 Twp. 17 S. R. 10 East West
1480 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: Ellsworth
Lease Name: Kootz 18 Well #: 1
Field Name: Kraft-Prusa
Producing Formation: _____
Elevation: Ground: 1841 Kelly Bushing: 1846
Total Depth: 3321 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 618 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/ _____ sx cmt.

Drilling Fluid Management Plan P+A Alt I nr
(Data must be collected from the Reserve Pit) 5-5-09
Chloride content: 6400 ppm Fluid volume: 400 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: [Signature]
Title: Pres. Date: 4/13/2009
Subscribed and sworn to before me this 13 day of April,
20 09.
Notary Public: LaVeneia Smith
Date Commission Expires: 7-14-2009

LaVeneia Smith
Notary Public - State of Kansas
My Appt. Expires 7-14-2009

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

Side Two

Operator Name: LB Exploration, Inc. Lease Name: Kootz 18 Well #: 1
 Sec. 18 Twp. 17 S. R. 10 East West County: Ellsworth

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 type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum See attached
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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 casing	12-1/4"	8-5/8"	20	618'	common	250	3% cc 2% gel

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

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 type="checkbox"/> Other <i>(Explain)</i> _____	
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 type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 1999

Cell 785-324-1041

Date	Sec. 18	Twp. 17	Range 13	Called Out	On Location	Job Start	Finish
Lease	Well No. 19 #1		Location		County	State	

Contractor *Ryan D. 17* Owner *400 Main*

Type Job *Long Surface* To Quality Oilwell Cementing, Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Hole Size *12 1/4* T.D. *618* Charge To *L-B Exploration Inc*

Csg. *2 3/8* Depth *618* Street

Tbg. Size Depth City State

Drill Pipe Depth The above was done to satisfaction and supervision of owner agent or contractor.

Tool Depth

Cement Left in Csg. *15* Shoe Joint

Press Max. Minimum

Meas Line Displace *243 38 1/2*

Perf. CEMENT

EQUIPMENT Amount Ordered *250 con 3" inc 2 3/8 gel*

Pumptrk <i>5</i> No. Cementer <i>Drive</i>	Consisting of
Helper	

Bulktrk <i>8</i> No. Driver <i>Bevan</i>	Common
Driver	

Bulktrk <i>pu</i> No. Driver <i>Don</i>	Poz. Mix
Driver	

JOB SERVICES & REMARKS Gel.

Pumptrk Charge *Long Surface* Chloride

Mileage Halls

Footage Salt

Total Flowseal

Remarks:

Sales Tax

Handling

Mileage

Sub Total

Total

Floating Equipment & Plugs *8 3/8 loader*

Squeeze Manifold

Rotating Head

Tax

Discount

Total Charge

Signature *Walter ...*

Quality Oilwell Cementing

