

ORIGINAL

Form ACO-1  
October 2008  
Form Must Be Typed

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31890  
Name: John Norris  
Address 1: 8655 W. 194th Terrace  
Address 2: \_\_\_\_\_  
City: Stillwell State: KS Zip: 66085 + \_\_\_\_\_  
Contact Person: John Norris  
Phone: ( 913 ) 897-4333  
CONTRACTOR: License # 5831  
Name: MOKAT DRILLING  
Wellsite Geologist: NONE  
Purchaser: NONE  
Designate Type of Completion:  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover \_\_\_\_\_  
\_\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW \_\_\_\_\_  
\_\_\_\_\_ 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: N-A  
Well Name: N-A  
Original Comp. Date: N-A Original Total Depth: N-A  
\_\_\_\_\_ 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.: \_\_\_\_\_  
12-1-08      12-2-08      12-31-09  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date                Recompletion Date

API No. 15 - 037-22073-0000  
Spot Description: \_\_\_\_\_  
nw se se nw Sec. 19 Twp. 30 S. R. 22  East  West  
3068 Feet from  North /  South Line of Section  
3116 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Crawford  
Lease Name: Amershek Well #: 3  
Field Name: McCune  
Producing Formation: Cattleman / Bartlesville  
Elevation: Ground: 900 Kelly Bushing: 903  
Total Depth: 303 Plug Back Total Depth: 303 to surface  
Amount of Surface Pipe Set and Cemented at: 20' 7" Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: n-a Feet  
If Alternate II completion, cement circulated from: 303  
feet depth to: ground level w/ 61 sx cmt.

Drilling Fluid Management Plan D+A AH II NR  
(Data must be collected from the Reserve Pit) 5-5-09  
Chloride content: n-a ppm Fluid volume: 30 bbls  
Dewatering method used: \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: Morris Energy  
Lease Name: Samp License No.: 33495  
Quarter NW Sec. 7 Twp. 31 S. R. 22  East  West  
County: CRAWFORD Docket No.: E-17959

**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: Derek Morris DEREK MORRIS  
Title: Agent Date: 2-11-09  
Subscribed and sworn to before me this 31 day of March,  
20 09.  
Notary Public: Patricia J. Tavernaro  
Date Commission Expires: 6-12-10

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
\_\_\_\_\_ Wireline Log Received  
\_\_\_\_\_ Geologist Report Received  
\_\_\_\_\_ UIC Distribution  
**RECEIVED**  
**APR 20 2009**

NOTARY PUBLIC  
STATE OF KANSAS  
PATRICIA J. TAVERNARO  
My Appt. Exp. 6-12-10

KCC WICHITA

Operator Name: John Norris Lease Name: Amershek Well #: 3  
 Sec. 19 Twp. 30 S. R. 22  East  West County: Crawford

**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 type="checkbox"/> Yes <input checked="" 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  <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>Coal</td> <td>13-14</td> <td>887</td> </tr> <tr> <td>COAL</td> <td>55-57</td> <td>845</td> </tr> <tr> <td>limestone</td> <td>72-87</td> <td>828</td> </tr> <tr> <td>coal</td> <td>87-88</td> <td>813</td> </tr> <tr> <td>lime</td> <td>95-107</td> <td>807</td> </tr> <tr> <td>coal</td> <td>203-204</td> <td>697</td> </tr> <tr> <td>sand (oil odor)</td> <td>271-291</td> <td>629</td> </tr> </table>	Name	Top	Datum	Coal	13-14	887	COAL	55-57	845	limestone	72-87	828	coal	87-88	813	lime	95-107	807	coal	203-204	697	sand (oil odor)	271-291	629
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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 pipe	12"	8.625"		20' 7"	Portland	4	None
Plugged/dryhole	6.75"				Portland	61	None

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-303'	Portland	61	None

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
None	N-A	N-A	N-A

TUBING RECORD: Size: <u>None/dryhole</u> Set At: _____ Packer At: _____ Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>KCC WICHITA</b>
Date of First, Resumed Production, SWD or Enhr. <u>N-A</u> Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	RECEIVED APR 20 2009
Estimated Production Per 24 Hours Oil Bbls. <u>0</u> Gas Mcf <u>0</u> Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity <u>0</u>	

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>plugged/ dryhole</u>	PRODUCTION INTERVAL: <u>N-A</u>
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# Sutherlands

Sutherland Lumber Co  
2110 Broadway Ave  
Parsons, KS 67357  
620-423-3910

OPERATOR 599 BASIC SALE

73141194012/6338594 **35x 8.99** 314.65  
00014 AC PORTLAND CEMENT 92 6LB

SUBTOTAL	314.65
TAX (0.075%)	23.76
TOTAL	338.41
CARD TENDER	338.41
CHANGE DUE	0.00

Thank You For  
Shopping Sutherlands  
www.sutherlands.com

There is a "No Exchange or Return"  
policy on generators.

Sutherland Lumber Co 7803  
2100 Broadway Ave  
Parsons KS 673570000

Clerk ID: 599

Card Number: XXXX XXXX-XXX-2102  
MORRIS FOSS D

Ref Number: 835512020363 [S]  
Auth Number: 06140Z [MASTER CARD]  
Card Total: 338.41

Trans Type: Basic Sale

SUBTOTAL: 314.65  
TOTAL: 338.41

CHARGE TENDER: 338.41

\*\*\* Customer Copy \*\*\*

12-20-2103 12:15:28  
000361 02 599 7803



\*7803020036108551215\*

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KCC WICHITA



# CRAWFORD COUNTY LUMBER INC.

308 EAST FOREST  
GIRARD, KS 66743  
(620) 724-8714



HOME OWNED - HOME OPERATED

DATE	INVOICE #	PAGE
12-24-08	9358	1

SOLD TO

1

CASH SALE

SHIP TO

ITEM NO	SKU NO	ITEM/DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
PC		portland cement	30.00	9.85	295.50
<i>15 SACKS USED IN AMERSHEK #3</i>					
<b>SUB TOTAL</b>					295.50
<b>OTHER AMT</b>					
<b>SALES TAX</b>					21.57
<b>SHIPPING</b>					
<b>TOTAL AMT</b>					317.07
<b>TENDERED</b>					317.07
<b>CHANGE</b>					
<b>BALANCE</b>					0.00
1 1/2% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES.					
SIGNATURE: _____					<b>THANK YOU!</b>

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APR 20 2009  
KCC WICHITA

CRAWFORD COUNTY LUMBER  
 308 E FOREST  
 GIRARD, KS 66743

**CRAWFORD COUNTY LUMBER INC.**

308 EAST FOREST  
 GIRARD, KS 66743  
 (620) 724-8714



2/30/2008 16:41:40  
 Merchant ID: 00000001093469  
 Terminal ID: 01593033  
 367597814881

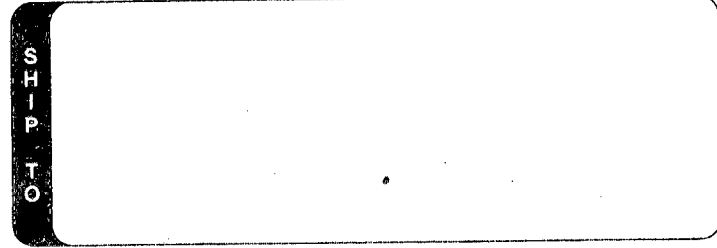
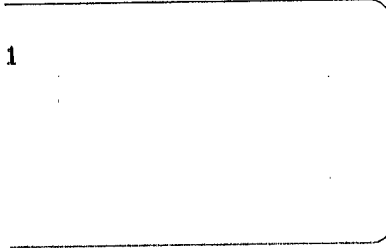
HOME OWNED - HOME OPERATED

DATE	INVOICE #	PAGE
12-30-2008		1

CREDIT CARD

MC SALE

CARD # XXXXXXXXXXXXX2102  
 INVOICE 0002  
 Batch #: 000078  
 Approval Code: 03370Z  
 Entry Method: Swiped  
 Approved: Online



SALE AMOUNT \$317.07

ITEM/DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
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CUSTOMER COPY

portland cement	30.00	9.85	295.50
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ACCT BALANCE: 0.00

1 1/2% PER MONTH (18% PER ANNUM) WILL BE ADDED TO PAST DUE INVOICES.

SUB TOTAL	295.50
OTHER AMT	
SALES TAX	21.57
SHIPPING	
TOTAL AMT	317.07
TENDERED	317.07
CHANGE	
BALANCE	0.00

SIGNATURE: \_\_\_\_\_

**THANK YOU!**

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 KCC WICHITA